CHILD ABUSE AND NEGLECT IN AMERICA: THE PROBLEM AND THE RESPONSE

HEARING

BEFORE THE

SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES HOUSE OF REPRESENTATIVES

ONE HUNDREDTH CONGRESS

FIRST SESSION

HEARING HELD IN WASHINGTON, DC, MARCH 3, 1987

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CHILD ABUSE AND NEGLECT IN AMERICA: THE PROBLEM AND THE RESPONSE

TUESDAY, MARCH 3, 1987

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES,
Washington, DC.

The Select Committee met, pursuant to call, at 9:45 a.m., in room 2359-A, Rayburn House Office Building, the Honorable George Miller presiding.

Members present: Representatives Miller, Schroeder, Boggs, Boxer, Sikorski, Evans, Durbin, Skaggs, Coats, Bliley, Packard, Hastert, and Holloway.

Staff present: Ann Rosewater, staff director; Marcia Mabee, professional staff; Gene Sale, minority professional staff; and Joan Godley, committee clerk.

Chairman MILLER. The Select Committee will come to order.

Today, the Select Committee on Children, Youth, and Families is holding a hearing on the status of child abuse in America. In the past two weeks, the Committee has conducted hearings on the newest public health threat, AIDS, and its implications for children, and on homelessness, another public health problem with serious consequences for families and children.

AIDS and homelessness are relatively new problems, new to the American public and new to the Committee. The subject we are addressing today, physical, sexual and emotional abuse of children, is one with which the Committee has some familiarity. It is an ongoing problem, one that has been with us for too long, and one that we must continue to examine.

One year ago, as a result of earlier hearings on child abuse, sexual abuse and other family violence, Dan Coats and I initiated a survey of the Governors regarding governmental and private activities to prevent and address child abuse and neglect in their states.

Today, we are releasing a Committee report based on that survey which documents the large increases in reports of child abuse and child neglect in this decade.

In one sense, this report demonstrates the success of the Child Abuse Prevention and Treatment Act of 1974 in increasing information and understanding about child abuse. And it has been successful in increasing public awareness and that is an obligation to respond to the problem.

In another sense, however, the report documents that both the public and private sectors have fallen short. We have failed to pro-

vide adequate services to address the incidents of child abuse and child neglect, or to address the underlying causes.

Our report, Abused Children in America: Victims of Official Neglect, is a call to action; it puts both Congress and the states on notice that child abuse and neglect has reached unacceptable levels. And it demonstrates clearly that we need to respond creatively, drawing heavily on those proven cost-effective prevention and treatment programs that states have identified.

The witnesses we will hear from today have dedicated their lives to addressing child abuse through their affiliations with both public and private agencies. We will hear from the National Committee for the Prevention of Child Abuse whose report, issued a month ago, reinforces the findings of our own study. And we will hear from practitioners, including the American Academy of Pediatrics, about the changing nature of child abuse and the policies, practices and resources needed to respond to this national tragedy.

[Prepared statement of Congressman George Miller follows:]

PREPARED STATEMENT OF HON. GEORGE MILLER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA, AND CHAIRMAN, SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES

Today, the Select Committee on Children, Youth, and Families is holding a hearing on the status of child abuse in America. In the past two weeks, the Committee has conducted hearings on the newest public health threat, AIDS, and its implications for children, and on homelessness, another public health problem with serious consequences for families and children.

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Abused Children in America: Victims of Official Neglect

(A Report of the Select Committee on Children, Youth and Families)

FINDINGS

Reports of child abuse, particularly sexual abuse, on rise

In a survey of the 50 States and the District of Columbia, between 1981–85, the number of children reported to have been abused or neglected rose 54.9 percent. Between 1984 and 1985 alone, child abuse reports increased nearly 9 percent. In addition, many States reported increasingly more serious and complex cases.

Among the three major child maltreatment categories, physical abuse, sexual abuse, and neglect, reports of sexual abuse rose the fastest. For the 29 States providing complete information, sexual abuse increased 57.4 percent between 1983–84, and increased 23.6 percent between 1984–85.

Reports of child neglect continue to increase

Child neglect continues to represent the majority of maltreatment cases (58.5% in 1985). States providing information by type of maltreatment report a continuing increase in the number of children reported to have been neglected between 1981–85. For 1984–85 alone, these States report an overall increase of 5 percent.

Despite the large number of child neglect cases, several States indicate growing inattention to neglected children over the past decade as reports of sexual abuse have increased.

Despite increased reports of child abuse, States unable to provide needed services

A majority of States report staff shortages, inadequate training, high personnel turnover, and a lack of resources for staffing as the principal barriers to improved child protection and child welfare services.

For the 31 States able to provide complete information, total resources to serve abused and neglected children increased, in real terms, by less than 2 percent between 1981 and 1985.

In 27 of these States, resources to serve abused and neglected children declined in real terms, or failed to keep pace with rapidly increasing reports of child abuse. Between 1981 and 1985, States lost more than $170 million, in real terms, in Social Services Block Grant (Title XX) funds alone; for 27 States, Title XX was the largest source of federal funds, and for 15 of them, the largest single source of funds—federal, State or local—for providing services to abused and neglected children and their families.

While child protection and child welfare services require the coordination of many agencies, including social services, health, education, and law enforcement, several States indicate that difficulty in coordinating these efforts is a barrier to better services for children.

States cite two principal factors leading to increased child-abuse reports

Nearly every State ranked public awareness as a primary factor resulting in increased reports of child abuse and neglect.

Sixty percent of the States ranked deteriorating economic conditions for families as another primary factor resulting in rising reports of child abuse and neglect.

Prevention receiving increased attention; States emphasizing family based services to prevent unnecessary placement of children out-of-home

Expenditures for public awareness of child abuse and neglect have risen in 27 States. Thirty-eight States have recently established Children's Trust Funds to support prevention programs. Nearly half of the States offer parent education, while at least 15 States provide prenatal and perinatal services to high risk women and teenagers and their infants. In addition, several States provide preventive programs of respite care, crisis nurseries, and early screening for developmental disabilities, for some portion of the population.

Citing the need for permanency in children's lives and dwindling resources available to aid abused children, States are increasingly providing services to strengthen and maintain families. Homemaker and parent aide services received higher funding in 22 and 17 States, respectively. Eighteen States reported that they are providing family preservation services.

Cost-effective programs prevent or reduce child abuse and neglect, strengthen families and reduce dependency

In addition to the many promising prevention programs, States identified 19 programs which, according to evaluations, have successfully prevented child abuse, improved family functioning, and avoided costly treatment.

In addition to the many promising treatment programs, States identified 15 treatment programs which, according to evaluations, have reduced recidivism, enhanced parent-child interaction and prevented placement of children in foster care.

States lack sufficient law enforcement data and information about how funds for child abuse services were spent

While nearly all States report involvement of Child Protective Services with law enforcement agencies, they cannot report the rate of indictment, prosecution and/or convictions related to child abuse and neglect, nor are they able to report the percent of substantiated cases of abuse and neglect which are referred to law enforcement authorities.

Most States were unable to report what federal, State, or local resources they dedicated to six major services commonly provided to abused children, or children at risk of abuse. These services include: case investigation and assessment, substitute care, adoption services, casework and treatment services, child care, and staff training and education. In addition, the vase majority of States were unable to identify the number of children provided with each service.

Chairman MILLER. And now I would like to recognize my ranking minority member, Congressman Coats.

Mr. COATS. Thank you, Mr. Chairman. I thank you for calling this hearing on this tragedy of child abuse and the record of America. This is a difficult subject, a complex problem, and there are no simple or singular solutions, but it is a problem that requires both public and private sector coordinated responses.

As the minority views of child abuse say, we do not question the severity of the problem or the fact that child abuse is increasing. And abuse of children is a tragedy. Regardless of the debate over the rate of increase and actual incidents of child abuse, we agree that the numbers are too high.

Accurate reporting will help limit premature family breakup by the state and help us find that delicate balance that needs to be established between protecting the child and the invasion by the state of family privacy.

But as Mary Lee Anderson, Program Manager of Child Protective Services of the State of North Carolina, noted in her return on our survey on child abuse:

Current legal definitions of neglect are so broad that protective services intervene in some situations where there is no substantial risk of harm to children but rather a poor standard of care.

This is reflected in the low substantiation rate and takes an inordinate amount of staff time for investigating situations where protective services are not needed or services to solve a problem are not available.

I think it's also important that we look at the family-based services and prevention strategies that will strengthen family ties. Preparing families to cope with the stresses of parenthood would help to avoid the pitfalls abusive parents fall into and help break that inter-generational aspect of child abuse.

I look forward to the hearing and hearing the testimony of these witnesses, which will add their expertise and experiences to the record this Committee is developing to battle the problem of child abuse in our country.

Thank you again, Mr. Chairman.

Also, I would request the record remain open for at least two weeks following the hearing so that the minority and others on the Committee can submit further written testimony for the record.

[Opening statement of Congressman Dan Coats follows:]

OPENING STATEMENT OF DAN COATS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF INDIANA, AND RANKING MINORITY MEMBER

Thank you Mr. Chairman. I am pleased that the Select Committee on Children, Youth and Familes is conducting this hearing to address the tragedy of child abuse and neglect in America. This is a very difficult and complex problem with no simple, singular solution. It is a problem that requires a public and private sector, coordinated response.

There is indeed a delicate balance to be established between protecting the child and the invasion by the state in family privacy. Any abuse of children is a tragedy. Regardless of the debate over the rate of increase of actual incidents of child abuse, the numbers are too high. We do, however, need to develop greater accuracy in reporting. Accurate reporting will help limit premature family break-up by the State. The State does need to intervene in certain family situations. But as Mary Lee Anderson, program manager of Child Protective Services of the State of North Carolina noted in our survey on child abuse:

"Current legal definitions of neglect are so broad that protective services intervene in many situations where there is no substantial risk of harm to children, but rather a poor standard of care exists. This is reflected in the low substantiation rate, and takes an inordinate amount of staff time for investigating situations where protective services are not needed or services to solve the problem are not available."

It is also important to look at family-based services and prevention strategies that will strengthen family ties. Preparing families to cope with the stresses of parenthood would help to avoid the pitfalls abusive parents fall into and help break the intergenerational aspect of child abuse.

I look forward to hearing the testimony of these witnesses in adding their expertise and experiences to the record this committee is developing to battle the problem of child abuse in our country.

Thank you again, Mr. Chairman. Also, I would request that the record remain open for at least two weeks following this hearing so that I could submit further written testimony for the record.

CHILD ABUSE FACT SHEET

Definition

There is no standard definition of child abuse and neglect. DHHS has proposed the following sample definition: An abused or neglected child means a child whose physical or mental health or welfare is harmed or threatened with harm by the acts or omissions of his parent or other person responsible for his welfare. (DHHS, The Educator's Role in the Prevention and Treatment of Child Abuse and Neglect, Sept. 1984) (hereinafter, "DHHS Report").

As it is defined in state laws, the term "child abuse" usually covers not only physical abuse, but also physical and emotional neglect. One study broke the definition down into 5 major categories: abandonment, physical abuse, sexual abuse, emotional abuse, and neglect (Martin and Walter, "Familial Correlates of Selected Types of Child Abuse and Neglect," 44 J. of Marriage and the Family, 267-276 (May 1982)) (hereinafter, "Martin and Walter").

Many laws dealing with child maltreatment employ broad and subjective definitions, such situations as "an environment injurious to the child's welfare" or where the parents are "unfit to properly care for the child." Such definitions make it difficult for those required to report abuse and neglect to know when to do so, and can lead to inflated statistics (Besharov, "An Overdose of Concern: Child Abuse and the Overreporting Problem," 9 Regulation 25-28 (Nov./Dec. 1985)) (hereinafter, "Besharov").

INCIDENCE

No comprehensive data exists on the incidence of child abuse (DHHS Report; CRS Rept. 86-966 EPW, "Child Abuse: Incidence and the Federal Response," Oct. 27, 1986 (hereinafter, "CRS Report").

National data collected by the American Humane Association (AHA), based on reported incidents of child abuse and neglect, indicate an increase of 158% in child abuse and neglect cases from 1976 through 1984. However, it is unclear whether these figures indicate an actual increase in abuse or only better reporting practices (CRS Report).

Child abuse is thought to be both under-and over-reported. Some experts feel that reported cases represent only ⅓ to ⅕ of the actual total (CRS Report).

While the number of reports has increased substantially, so has the unfounded rate (which is consistently found to be over 50%). For example, in New York, the number of reports received increased by about 50% between 1979 and 1983, but the perceniage of substantiated reports fell by almost 20%, and the absolute number of substantiated reports fell by almost 100. This means that almost 23,000 additional families were investigated in 1983, but fewer children were helped (Besharov).

AHA estimates that there were 1,727,000 abused and/or neglected children in 1984. (It is difficult to obtain precise totals, because some statistics are compiled in terms of the number of children, while others use the number of families, many of which have several children.) (AHA, Highlights of Official Child Neglect and Abuse Reporting 1984)

More than half of the abused and neglected children in the United States are of school age (in contrast to the longstanding view that most are under the age of 3) (DHHS Report).

It is important to distinguish between the total number of reports of abuse and neglect and the number of such reports which are later substantiated by an investigation.

Similarly, it is important to distinguish between duplicated and unduplicated reports, the former being the total number of reports received, and the latter the total number of children involved. (For example, if 5 reports are received on a particular child, this counts as 5 duplicated reports, but only 1 unduplicated report).

Physical abuse tends to be episodic, while neglect tends to be chronic (DHHS Report).

CAUSES

Many parents who abuse their children come from broken homes, were beaten or deprived as children, or have unreasonably high expectations of their children. Marital discord, chaotic life style, and past history of mental illness are also associated with child abuse ("The Challenge of Child Abuse Cases: A Practical Approach," 9 J. Legislation 127-143 (Winter 1982)) (hereinafter, "The Challenge of Child Abuse Cases").

There is increasing evidence that social isolation and lack of family or friends may indicate the potential for abuse (id.).

The frequency of child abuse partially relates to the nation's economy (id.).

Child abuse and neglect in the family is largely an intergenerational problem (Attorney General John K. Van de Kamp's Commission on the Enforcement of Child Abuse Laws (California), Final Report, April 1985) (hereinafter, "Van de Kamp Commission Report").

There is a positive relationship between neglect of children and a poverty-induced, low-living situation. Insufficient income and inadequate housing are more predictive of neglectful families than abusive families (Martin and Walter).

EFFECTS

There is no definitive data on the effects of child abuse (CRS Report).

Evidence is beginning to indicate a connection or correlation between child abuse and crime, mental illness, drug and alcohol abuse, runaways, teenage prostitution, juvenile sex offenders, education and employment problems, and other social problems (Van de Kamp Commission Report).

33-57% of physically abused and neglected infants and children have IQ scores below 85 (OTA, Children's Mental Health: Problems and Services—A Background Paper, Dec. 1986) (hereinafter, OTA Report).

Clinical reports of physically maltreated infants and children describe a wide range of behavioral and emotional difficulties. These include severe anxiety, withdrawal, apathy in social interactions, and hypervigilance in regard to the social environment. In addition, they are described as aggressive, oppositional, impulsive, provocative, and limit-testing; and they exhibit a variety of other behavioral symptoms, such as hyperactivity, sleep disturbances, and socially inappropriate behavior (*id.*).

There is limited evidence of self-destructive behaviors in these children, including suicide attempts, threats and gestures, and self-mutilative behavior (*id.*).

A 1975 study at San Quentin showed that of inmates serving sentences there for violent crime, 100% of them had been abused as children ("And Down Will Come Baby, Cradle and All," Inter-Agency Council on Child Abuse and Neglect (ICAN), Los Angeles, and the ICAN Associates, undated).

Prevention and treatment

Child abuse prevention is cost effective from a public policy perspective. The estimated cost of social services, criminal justice, health, mental health, and other systems intervention for the untreated or undertreated victims of child abuse is enormous. (Van de Kamp Commission Report).

There are 3 levels of prevention: (1) primary prevention, or community education which enhances the general well-being of children and their families; (2) secondary prevention, which includes services designed to identify and assist high risk families to prevent abuse or neglect; and (3) tertiary prevention, or intervention or treatment services to assist a family in which abuse or neglect has already occurred to prevent further abuse or neglect (*id.*).

States must insure that intervention on behalf of a child will actually help the child. Statutory jail sentences for abusive parents or removal of the child from the home may be superficial remedies which actually harm the child and the family ("The Challenge of Child Abuse Cases").

Child abuse prevention and treatment programs based on a multidisciplinary approach of professionals and paraprofessionals, including teachers, health care professionals, social workers, and law enforcement personnel, are usually more effective than uncoordinated efforts. Los Angeles' successful Inter-Agency Council on Child Abuse and Neglect (ICAN) coordinates the efforts of 17 participating agncies, representing all of the above categories. There is also an active ICAN Associates program, which has enstablished a number of Neighborhood Family Centers having a wide range of outreach and treatment programs to deal with this problem. (ICAN, "Council Description and Guidelines for the Identification and Reporting of Child Abuse and Neglect," Oct. 15, 1982).

New York City's Foundling Hospital has established a multidisciplinary program to help "high risk" families and unwed mothers; statistics indicate that 75% of the families treated under this program have stayed together without further incidence of abuse. ("The Challenge of Child Abuse Cases").

Self-help groups such as Parents Anonymous (PA) and Parents United, while not for everyone, are also effective in many instances (*id.*).

Teachers and others coming in contact with children should be taught to recognize symptoms of abuse and neglect, and encouraged to report suspected cases (as is mandated by law in all states) (DHHS Report).

Federal funding for child abuse programs (from CRS report)

The following programs are authorized under the Child Abuse Prevention and Treatment Act, as amended:

State grants for activities relating to preventing and treating child abuse and neglect.

State grants to implement procedures and programs mandated by the 1984 amendments to this Act, for responding to reports of medical neglect of disabled infants with life-threatening conditions.

Discretionary grants for research and demonstration projects relating to prevention and treatment of child abuse and neglect.

Demonstration grants for activities relating to preventing and treating family violence.

Law enforcement training and technical assistance grants.

State grants to improve the handling, investigation, and prosecution of child abuse cases, especially sexual abuse cases.

In FY 1986, a total of $27.1 million was made available for the child abuse programs authorized under this Act: $11.4 million for the child abuse State grants (including $2.4 million for grants for the medical neglect program); $13.3 million for child abuse discretionary activities (including $2.4 million for sexual abuse projects), and $2.4 million for the family violence programs.

In FY 1987, this total was $34.4 million: $12 million for the State grant program; $13.9 million for discretionary activities; and $8.5 million for family violence programs.

Other sources

The Victims of Crime Act of 1984, as amended, established a crime victims fund consisting of fines collected from persons convicted of certain federal offenses. Up to $110 million of the money collected in this manner is to be used, *inter alia*, for State grants relating to improving the handling of child abuse cases under the Child Abuse Act.

The Child Abuse Challenge Grant program, authorized under the FY 1985 Continuing Appropriations Act, entitles States to funds if they have established or maintained during the previous fiscal year a trust fund or other funding mechanism to provide for certain child abuse or neglect activities. $5 million was appropriated for this program for FY 1987.

The Children's Justice and Assistance Act of 1986 included an authorization for a new demonstration grant program to establish "crisis nurseries" for abused and neglected children and those at risk of abuse. No funds have been appropriated for this program.

There are also two major federal programs which authorize funds for state grants for the provision of social services, the Social Services Block Grant program (SSBG), title XX of the Social Security Act, and the Child Welfare Services program, title IV-B of the Social Security Act. States have discretion to determine how this money will be spent, and many allocate such portion as they find appropriate to child abuse programs.

Chairman MILLER. Thank you.

Congresswoman Boggs?

Mrs. BOGGS. Thank you, Mr. Chairman, and thank you for calling this hearing and I thank all the participants for being with us.

Certainly, I do not wish to take away from the time of the participants, but would like to say most especially that the prevention programs that are working and the programs that address family functioning that are working should certainly be replicated over and over again in all of the states and in all of the private institutions, and that includes being here and being a part of these hearings.

Chairman MILLER. Thank you.

Congressman Hastert?

Mr. HASTERT. Thank you, Mr. Chairman. I would like to say—again, I don't want to take away from the time of those people who are going to testify today—that I think this is very important. It's important that we follow through once there's information given.

And the strategies to prevent child abuse are only limited by our imagination or ability and our willingness to work and find these solutions. So this type of a hearing is a two-way street.

Number one, we need to hear the testimony, we need to understand the problems, and we need to start finding solutions.

But number two, we need, as a Congress and as a public body, to follow through to make sure that we can make a difference. And I would ask that we certainly focus what we're doing here beyond this hearing room today.

Chairman MILLER. Congressman Sikorski?

Mr. SIKORSKI. Thank you, Mr. Chairman.

Once again, you deserve real commendation for your separate and sometimes controversial but always important issue of the problems of American people.

Let me focus just briefly on what's happened in our report of details in Minnesota, my state. From 1981 to 1985, reported instances of abuse and neglect went from 13,205 to 22,046, a 67 percent increase.

At the same time, the total funding from federal, state and local resources in this area, in real dollar terms from '81 to '85, decreased by 9.3 percent. So we had a 67 percent increase in abuse and, of course, a 9.3 percent decrease in real dollars.

As you pointed out, it is a real tragedy requiring national commitment, hard work, federal, state and local resources, and the personal attention of every American. And I again commend you for bringing all of our attention to this topic.

Chairman MILLER. Congresswoman Boxer?

Mrs. BOXER. No statement.

Chairman MILLER. Thank you.

In that case, we will hear from our panel this morning which will be made up of Dr. Richard Krugman, who is the Director of the C. Henry Kempe National Center for Prevention and Treatment of Child Abuse and Neglect; Dr. Frederick Green, who is the President of the National Committee for the Prevention of Child Abuse; Douglas Besharov, who is a Resident Scholar of the American Enterprise Institute; the Honorable Ruth Massinga, who is the Secretary of the Department of Human Resources for the State of Maryland; Jeanne Soulis, who is the Research Coordinator for The Children's Place in Kansas City, Missouri; and Pat Raphael, who is the President of Massachusetts Parents Anonymous from Boston.

If you will come forward, we will recognize you in the order in which I called your name. What I would like to do is to give each of the witnesses 10 minutes for their statements.

Historically, for good or for bad, what has happened in this Committee is you get an awful lot of questions from the members because of the testimony. And I think it's important that we make sure that we have time this morning on this subject so that members of the panel will get a full opportunity to question each of the witnesses.

So if you think you can read your entire statement in 10 minutes, please proceed to do so. If not, you might be thinking about a summary between now and the time you're called on.

Dr. Krugman, you will be first. Let me say, your entire statement, and whatever documents you have in support of your statement, will be placed in the hearing record in their entirety.

TESTIMONY BY RICHARD KRUGMAN, M.D., DIRECTOR, C. HENRY KEMPE NATIONAL CENTER FOR THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT

Dr. KRUGMAN. Thank you, Mr. Chairman.

Since I have 15 seconds to summarize my entire statement, I will do so. I won't read my statement. It will be part of the record.

I am Richard Krugman. I'm, as you stated, Director of the Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect. And I'm here today in my capacity as Chairman of the American Academy of Pediatrics Task Force on Child Abuse and Neglect.

The Academy, as you know, represents over 30,000 pediatricians around the country. And we are actively trying to develop regionalized networks of physicians, social workers, law enforcement and

attorneys to try to help face some of the clinical problems that are besetting our country.

As your report has made clear, this has been a time of dramatic change in both our statistical as well as our real problems in the area of child abuse and neglect.

In my testimony, I allude to the fact that this is not a new problem. If one goes back in the literature of approximately 100 years, or 120 years, one finds, in the journals of the French legal and medical profession, reports by Professor Ambroise Tardieu who first described battered children in Paris in 1860 and who, in the late 1860s, put together a series of 616 children who were sexually abused who he personally saw and examined at that time.

It's interesting also to note that after Tardieu's reports on sexual abuse, there's a group saying that children must not be telling the truth and children must be lying. And sexual abuse as a problem disappeared from the French literature until it was rediscovered approximately 100 years later.

I was once taught by an old professor of mine that anytime you think you've done something new, it probably means we haven't read enough history. And I think that in this particular time, there's a lot that we can learn of the problem of abuse and neglect from the past.

What are we dealing with today? I think, in the past five years as your report has documented, the reports of abuse and neglect have increased. It's up 55 percent. Whereas the systems ability to respond to that report has not.

Child protective services, as one looks at that particular field, is dramatically different now and not just because the system seems to be overwhelmed by huge numbers of cases, but also as a secondary by-product of that being overwhelmed, the character of who the workers are and what their training is has also changed.

In our view, we have seen fewer and fewer individuals who are actually trained in social work involved in child protective services. I heard the figure from some of my colleagues that it is now only 25 percent of child protective service workers who are trained in social work, with others having baccalaureate degrees in history, or economics, or English.

And the turnover rate, because the work is so difficult, is so high that while recruitment doesn't seem to be a problem in that field, retention is certainly a major issue.

That has dramatic impact, I think, on what I would view as one of three major issues that I hope we can address in this coming five years, and that is the issue of manpower and training. We have very, very few individuals in practice in child protection whether they're in medicine, social work, law enforcement or attorneys, or judges, for that matter, who have had any concrete curriculum that has to do with that particular field.

Most of us have learned by the seat of our pants, by seeing cases, by going to courses, by learning from each other. There is very, very little curriculum to train the many professionals who need to be involved.

And I reiterate what I've said at other times, and that is that abuse and neglect is not just a medical or social or a legal problem, it's a child's problem and a family problem. And, as such, it relies

on all of those professions, medicine, law, social work, law enforcement, district attorneys, judges, mental health and schools to work together to make it go.

And that system will only be as strong as its weakest link. And if we don't have adequately trained and supportive individuals in all of those areas, which will mean a significant manpower training effort, I don't think the future will be very bright.

The second issue, and it's one that this Committee faced and it was, I think, excellent that you did your own survey, that in a sense it points out the difficulties we've had in this field. And that our data are so that we have an Incidence Report Study that's been mandated for many years, and we've had studies on incidence and about incidence, but no real effort made to really do the incidence study that I think we should have.

As I said in my testimony, we do a lot better job of tracking our imports and exports, and the hours that we work, and all sorts of economic data than we do in tracking how many children are really physically and sexually abused in the United States, and how many children die in the United States.

Those particular statistics—and I've been in this field now full time for six years and part time for 14—we think it's somewhere around 2,000 to 5,000 children who have died but no one really knows.

I think our inability to have decent data hurts us greatly.

The final point I'd like to make is that while it is clear that there are no simple solutions to abuse and neglect, because it's a highly complicated area and I would point out that when we talk about child abuse we're talking about physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect and medical care neglect.

Each of those areas has its own body of knowledge, has its own approaches, has its own data base as far as looking for how should we prevent it, how should we treat it.

We can't expect that any single solution is going to handle all of them, particularly when we recognize that children can be abused and neglected, not just in their homes but in any area, whether it's daycare, or whether it's school or any other institution.

What we need to do as a society to protect children will depend on what area we are looking at for where children need to be protected.

In spite of all that, we also recognize that there are economic and other social influences on abuse and neglect. The impact of financial stress, not just in the family but in the community, can impact on rates of physical abuse and neglect.

In short, with all of those influences, it makes one feel not very optimistic. But when one looks at these cases, as it has at least been our approach for years, one at a time, one can feel better.

We are short of treatment resources. With most of the child protection services now investigation and not treatment, there are at least a million children a year, and possibly more, who need treatment and they're not getting it.

My own view is that a good place for that treatment to happen is in the school system, or school systems that are struggling under the weight of everything else we put on them. But I think that's

the best place to have a therapeutic environment for them, and yet we don't see much treatment happening for children.

We don't see much mental health treatment. Our mental health system seems to be clogged with the chronic mentally ill and the deinstituionalized, and there isn't room for children and their families who need mental health services in this area.

While the last five years has had some negative sides, as my written testimony points out, there's been some positives. I feel somewhat positive about the direction that the Federal National Center has taken in the last year or two. I think that's a good sign.

We're getting more into interdisciplinary things, we're getting more links between child protective services and mental health. What's been lacking is the fiscal support for that particular entity and for other federal entities to work together

If we could have the same type of collaboration at the federal level that we have at the local level with people from all disciplines working together to solve this problem, we'd get a lot further a lot faster.

Thank you very much.

Chairman MILLER. Thank you.

Dr. Green.

[Prepared statement of Dr. Richard Krugman follows:]

PREPARED STATEMENT OF RICHARD KRUGMAN, M.D., F.A.A.P., DIRECTOR OF THE C. HENRY KEMPE NATIONAL CENTER FOR THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT, ASSOCIATE PROFESSOR AND VICE CHAIRMAN OF THE DEPARTMENT OF PEDIATRICS, UNIVERSITY OF COLORADO SCHOOL OF MEDICINE, AND CHAIRMAN OF THE AMERICAN ACADEMY OF PEDIATRICS TASK FORCE ON CHILD ABUSE AND NEGLECT

Mr. Chairman, I am Dr. Richard Krugman, Director of the C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect, Associate Professor and Vice Chairman of the Department of Pediatrics, University of Colorado School of Medicine and Chairman of the American Academy of Pediatrics Task Force on Child Abuse and Neglect. I am here today on behalf of the Academy which represents over 30,000 pediatricians. I am pleased to have the opportunity to testify before the Committee and take the time to review briefly some of the events of the past five years from my perspective as a pediatrician working full time in the field of child abuse and neglect.

This has been a time of dramatic change in public awareness, professional awareness and governmental awareness of this age old problem. The rediscovery of sexual abuse in children has, as the Committee's report points out, been in large measure responsible for the explosion in reported cases of abuse. "Rediscovery" since the first report in the medical literature on the subject was an 1868 paper by a French physician, Ambroise Tardieu, who described his findings after evaluating 616 children under age 11 who had been sexually abused in Paris.

What are the general trends in the U.S. and what can we do about them?

Adverse Trends 1981-1986

1. Reported cases continue to rise although, last year, for the first time, while actual reports continued to rise, the rate of increase in sexual abuse reporting declined.

2. The overall increase of reported cases (55 percent) primarily due to sexual abuse awareness has come at a time when state and county agencies have had to struggle to maintain their status quo (only 2 percent increase in real funds).

3. While recognition of abuse has soared, the government agencies mandated to investigate and treat children and their families have not been able to keep pace. The Committee's survey showed mental health services for abused children barely exist in many places. The treatment plan for abusive families consists of a series of 5-10 "parenting classes", a weekly phone call and a monthly visit from a CPS worker. Those families whose children have been molested in day care, school or other institutional settings receive even less help.

4. As reports have increased, so too have false allegations of abuse, especially in the area of sexual abuse, particularly in custody disputes. Careful studies have shown that while false allegations exist they are more commonly instigated by adults (6.5 percent of reported cases) than children (1.5 percent of reported cases). It is, in fact, not true to say "children never lie" -- they do, but they more commonly lie when they say they have not been sexually abused when they were (4 percent), than they are to say they were sexually abused when they were not (1.5 percent).

5. As reports have increased and the CPS system's ability to keep pace has lagged, the number of "unsubstantiated" reports has increased. Some have

wrongly equated "unsubstantiated" with "false". Thus, some say that 60-65 percent of all reports to CPS agencies are false, when, in fact, many of these cases are inadequately evaluated because of inadequate staff or insufficient time. We should no more label these cases as "false" than we should label them "true". They should be labelled "insufficient information".

6. With the increased involvement of law enforcement, the district attorney's office and the criminal side of the Department of Justice, many victims are turning to victims' assistance program dollars to pay for the treatment they need.

7. Another worrisome trend has been the recent increase in child abuse fatalities. It is not clear what has caused this rise. At least two possibilities exist:

   a) We know there is a relationship between unemployment and serious physical abuse of children. In 1983, at your hearing in Salt Lake City, I presented the data from our Child Protection Team in Denver showing over a 14 year period that physical abuse cases rose and fell in parallel with the Colorado unemployment rate. The data from the past three years extends and confirms the earlier association.

   b) The diagnosis of a child abuse fatality requires a careful investigation and an autopsy. In many parts of the United States, children die, they are buried, no one examines the body, and the death certificate is labelled "unexplained", "natural causes" or SIDS (Sudden Infant Death Syndrome). This practice is, happily, decreasing as more cities and counties pull together multidisciplinary child death review committees. The increase in child abuse fatalities may have a component of better recognition. (Unfortunately no one tracks these data.)

   c) The changing demography of the American family has led to more children being left in unsafe settings by teenage or working mothers. Many child abuse deaths are now caused by boyfriends or other caretakers in contrast to the situation 20 years ago.

8. This lack of certainty in knowing why child abuse fatalities are rising points toward another disturbing problem -- (of which this Select Committee is already aware) -- the data collection in this field is awful. Those of us looking to monitor trends for research or policy purposes are severely hampered by the continuing lack of reliable data in this field. While our government carefully tracks our labor force, agricultural and industrial production, imports and exports with great care, no one tracks our children.

9. Over the past five years there has been an increased trend toward the legislation or criminalization of the process of protecting children. Ideally, when it works well, the child protective services system should help keep families together by recognizing the problem and providing needed services (social, medical and mental health) to abused children and their families. In many cases, we think it works. If the process becomes adversarial, however, treatment becomes difficult.

10. While federal leadership has improved recently (see below), the appropriation of funds is insufficient to the task, especially for treatment, especially for abused children for whom treatment may be our best prevention program for the next generation. There is better coordination between the Children's Bureau and NCCAN, the Public Health Service and the Department of Justice, but we still need a better multidisciplinary (multiagency) coordinated approach at the federal level.

Positive Trends 1981-1986

1. Concommitant with the increase in public awareness, there has been a healthy surge in professional awareness. The AAP, AMA, American Psychological Association, American Academy of Child Psychiatry, NASW, Child Welfare League, NAPCWA and many others have formed task forces or committees to plan how to contribute to the solutions to our problems. Further, an increasing number of our students are taking electives and doing their doctoral training in the field of child abuse and neglect. These men and women have grown up in a time when abuse and neglect was regular media fare. Unlike their older mentors, they did not have to redo their basic education and overcome a long history of denial of the existence of the problem.

2. Federal efforts, especially during the past two years, have dramatically improved. While we may not be satisfied with the level of funding, the direction taken by the Children's Bureau and NCCAN is excellent. New program initiatives in interdisciplinary training, national resource centers, coordination of CPS and mental health services, CPS and law enforcement etc. are to be commended and hopefully more adequately supported financially.

3. Led by the National Committee for the Prevention of Child Abuse, and assisted by the National Child Abuse Coalition, the Congress, the Administration and many state and local groups, we have had a successful national effort to focus additional resources on prevention through children's trust funds enacted now in 38 states. We are confident these efforts will begin to yield positive results in the next decade.

4. Research and evaluation efforts have become more sophisticated and confirm that we do know how to prevent and treat the most prevalent forms of abuse. What is needed now is the translation of that knowledge into a nationwide systematic approach to implement programs that work.

The Next Five Years

We need to reverse the negative trends described above and maintain and build on the positive. While doing so we need to recognize the complexity of the problem, not look for "the solution", but support many approaches, constantly monitoring and evaluating what we are doing. We need continued federal leadership, adequate support, and the recognition that many different factors impinge on our ability to care for children. Taking these "one at a time" and done well, we can reverse the adverse trends and protect our most precious resource.

TESTIMONY BY FREDERICK GREEN, M.D., PRESIDENT, NATIONAL COMMITTEE FOR PREVENTION OF CHILD ABUSE

Dr. GREEN. Thank you, Mr. Chairman, members of the Committee.

I'm Dr. Frederick Green. I'm Emeritus Professor of Child Health and Development at George Washington University School of Medicine. Today, I'm here as President of the National Committee for the Prevention of Child Abuse, an organization of over 150,000 members in 65 chapters in all 50 states of this country.

The National Committee's focus is on preventing child abuse before it occurs. And our goal is to reduce child abuse by at least 20 percent by 1990.

I have submitted my testimony to you. I will take these few minutes allotted to me to summarize the results of our survey that complements and supplements the survey that was carried out by your Committee in that we have gone up to '86 as well, a report of the reporting of child abuse, our findings on deaths due to child abuse, and our findings on substantiation rates as recorded.

Before I say anything more, I want to thank you very much for having received over the years the copies of the hearings of this Committee. They have proven to be a very important part of my library and are used a great deal.

Since 1982—oh, forgive me. I want to also note that we support the increased monitoring and evaluation of existing prevention and treatment programs, and the importance of disseminating the findings of those evaluations to the field which seem that that would be an appropriate role for the National Center.

Secondly, we feel that it's important that those who are mandated to report child abuse and neglect should have very intense training and a far better understanding of what they are about to report.

Thirdly, I feel that it's important that there be increased effectiveness, professionalism of those who receive the reports and are required to provide the necessary services.

And finally, I feel that there should be more effective enforcement of our present laws through better training of those charged to implement the laws rather than monkeying around and trying to change the laws as they presently exist. The problem is the people who implement rather than the law, itself.

Since 1982, the National Committee for the Prevention of Child Abuse has conducted a semi-annual fifty-state survey in order to monitor trends on a number of characteristics of child abuse reports nationwide and in the funding and scope of child welfare services.

We report to you that there continues to be a sharp increase in the number of reports that are generated in each state. There has been a 6 percent increase in our studies from 1985. This is below the 10 percent annual increase between '84 and '85 as was reported by the American Humane Association.

There has been a range from a decrease of 23 percent report in some states to an increase of 20 percent in many other states. So that there is no one uniform number for each and every state.

The national figures are a compilation of all the states and there has been a sharp increase. We feel that some of this has been—may be explained, as Dr. Marian Engelman in her new book, "Families in Peril," has pointed out the number of all American families recognizing that stress and poverty play a very important role, and that all American families headed by women in 1985 is equal to the proportion Senator Moynihan identified as the essence of black family crisis in his 1965 report.

Today, a sixth of all white children are living in poverty, 8.1 million; and 49 percent of all black children are living in poverty, 4.3 million. So that we have a focus of high risk children that must be dealt with appropriately.

In contrast to the slow rate of growth for child abuse reports—that's 6 percent this past year compared to 10 percent before—the number of child deaths due to maltreatment increased dramatically in 1986.

In our survey of 24 states, the 24 states able at the time of our survey to provide the number of confirmed or suspected deaths due to maltreatment for 1986, the number of child deaths rose 29 percent compared to the experiences of these states during 1985.

This finding is in stark contrast to the change noted in those states between 1984 and 1985 when the number of child deaths declined by 2 percent. Follow-up efforts to obtain information from additional states suggest that the actual increase will fall somewhere between 20 and 30 percent.

The range of the deaths were from an increase to 162 deaths in the State of New York, in Illinois, 81 deaths, to New Jersey with 21 deaths this past year, an increase from zero deaths in 1985.

Why? Perhaps it's related to more accurate counting. All seemingly unexplained deaths of children are not necessarily sick. All seemingly unexplained reasons for children falling out of high-rises are not necessarily accidental.

Children are dying from chronic, lethal illnesses and the deaths are not always necessarily due to the pathologic organism but may be due to neglect.

I submit to you that many more children die of neglect than we'd like to consider.

Thirdly, although the estimate of the magnitude of the increase is striking—excuse me, Mr. Chairman. I'm trying to get the—in 2 minutes trying to summarize here. One of my pieces of paper has been lost.

Let me point out to you these substantiation rates that we found.

We note that overall, there's been 43 percent of all child abuse reports were substantiated in 1985. And that is consistent with the findings of the American Humane Association that reported a 42 percent substantiation rate.

It's interesting that this range varies from the State of Nebraska, that has a 61 percent substantiation rate; and Maryland with a 60 percent substantiation rate; to some as low as 17 percent.

There are different reasons for it. But we should all learn from experience, such as in Takoma, Washington, that by simply feedback from those who receive reports to those doing the reporting, they were able to increase their substantiation rate significantly simply by educating those who were doing the reporting.

Unfortunately, we had no good studies on who the unsubstantiated people are. I believe that 25 to 50 percent of the child-abuse related deaths who have been reported and have been seen by protective services may be related to those who are originally thought to be unsubstantiated.

Fourthly, I believe that it's important that we know, from our events in the fire department, that we accept four false alarms for the one true alarm, the one true fire. We accept it because of the damage that can be done by fire.

I am saying to you that we can't be perfect. There are certainly going to be some unsubstantiated reports. But there is a price that sometimes we must pay for the protection of our children. And we do know that there is not what I would consider now a flood of unsubstantiated rates.

In closing, let me simply note that we believe that NCCAN should continue to use its resources to develop and replicate policy and strategies in three specific areas: the process for accepting and investigating reports of maltreatment; the process of providing and managing services for those families determined to be abusive or neglectful; and a process of providing and managing services for those families at high risk of abuse and at high risk of neglect.

Thank you very much, Mr. Chairman.

Chairman MILLER. Thank you.

[The prepared statement of Dr. Frederick Green follows:]

PREPARED STATEMENT OF DR. FREDERICK GREEN, PRESIDENT, NATIONAL COMMITTEE FOR PREVENTION OF CHILD ABUSE

Mister Chairman and Members of the Committee, my name is Dr. Frederick Green and I am President of the Board of the National Committee for Prevention of Child Abuse. I appreciate the opportunity to testify before you today. The National Committee's focus is on preventing child abuse before it occurs. Our goal is to reduce child abuse by at least 20% by 1990. I will not talk about how we plan to accomplish that goal, today. Instead, our long rang plan is attached to my testimony and I will limit my comments to the impacts of child abuse on the nation's children and the role the National Center for Child Abuse and Neglect must continue to play in combating this most serious social welfare problem.

More than ever, 1986 was a year in which America was confronted with the devastating affects of child abuse and neglect. News reports from across the country uncovered story after story, each one telling us of further hurt and damage being done to children not only by their parents but also by an overburdened and underfunded child welfare system.

Since 1982, the National Committee for the Prevention of Child Abuse has conducted a semi-annual fifty state survey in order to monitor trends in the number and characteristics of child abuse reports nationwide and in the funding and scope of child welfare services. This past fall, NCPCA's Center on Child Abuse Prevention Research conducted the eighth of these surveys. A complete report on the survey's methods and results has been included with my testimony for your information. Unfortunately,

this survey confirmed our suspicions that 1986 was a very troublesome year for the nation's children.

As has been true for the past ten years, the number of child abuse and neglect reports in this country continue to increase. Our data estimate that over two million reports of maltreatment were made nationwide during the past year, approximately 6% more than had been recorded during 1985. While this increase is below the 10% annual increase noted between 1984 and 1985 by the American Human Association, the absolute number of reports continue to swamp the child welfare system.

In contrast to this slow down in the rate of growth for child abuse reports, the number of child deaths due to maltreatment increased dramatically in 1986. For the 24 states able, at the time of our survey, to provide the number of confirmed or suspected deaths due to maltreatment for 1986, the number of child deaths rose 29% compared to the experiences of these states during 1985. This finding is in stark contrast to the change noted in these states between 1984 and 1985, when the number of child deaths declined 2%. Follow-up efforts to obtain information from additional states suggest that the actual increase will fall somewhere between 20 and 30%. Of the 33 states contacted to date, 17 have noted a significant increase in the number of reported deaths due to maltreatment at some point over the past three years. We expect final data from all 40

states which collect such information by the end of March.

In 1986, almost 500 children in our sample 24 states died or were suspected of dying as a result of abuse or neglect. Assuming that these levels hold for the non-reporting states, we project that a minimum of 1,300 children died last year as a result of maltreatment (we know that not all child abuse deaths are reported and thus counted). Based on data from the American Humane Association, approximately half of these children died as a result of battering. In some instances, death was the cumulative result of repeated beatings, while in other cases death resulted from a single violent episode. The other half of the victims died as a result of child neglect in which the parents failed to secure needed medical care or failed to provide adequate supervision.

Why would child abuse deaths be increasing in 1986? We see three areas of explanation:

(1) States are counting child abuse deaths more accurately now;

(2) Life for those in poverty -- the underclass -- has not gotten better. Poor housing, unemployment, meager income, family disruption are finally taking their toll on little ones; and

(3) the CPS System is overburdened, overwhelmed

and is simply failing with some number of cases.

We have called a meeting in Mid-March of all 50 states to address this question of why deaths are up. We will be glad to submit the report of that meeting to you committee.

Although only an estimate, the magnitude of this increase is striking enough to warrant serious attention. In some instance this increase may reflect a more accurate reporting system. However, the size and frequency of this increase across multiple states suggest that the incidence of death due to maltreatment regrettably may be on the rise. An increase in this statistic is consistent with current trends noted in infant mortality rates and in levels of serious family violence and violent crimes. Although the infant mortality rate declined, on average, 4.5% annually in the 1970's, the annual rate of decline noted in the early 1980's dropped to only 2.6%. In 1983, the postneonatal mortality rate (i.e., death occurring between the ages of 28 days and one year) among Black infants actually increased while the rate for White infants remained unchanged. While the Second National Family Violence Survey conducted by Gelles and Straus in 1985 found an overall decrease in levels of violence toward children, the two most severe categories in their index, "threatened with a gun or knife" or "used a gun or knife" increased,, although not statistically significant. Finally,

latest crime statistics suggest sharp increases of up to 27% in the number of homicides in nine of the ten largest U.S. cities and in a sizable number of medium-size ones.

Perhaps most disturbing from a policy perspective is that for many of these children death occurred after they had been reported for abuse or neglect on at least one occasion to local child protective service agencies. While there are currently no national statistics with respect to the specific number of children experiencing this pattern, studies undertaken in individual counties or states suggest that the percentage of these cases previously known to local child welfare agencies range from 25 to 50%.

A variety of reasons may account for the apparent failure on the part of child welfare agencies to protect these children. Sometimes the prior report, after careful investigation, is determined to be unfounded. Sometimes the individual making the report fails to provide sufficient information to allow workers to conduct as complete an investigation as they would like. In other cases, the initial investigation may have suggested that the family was indeed at risk of abuse but the parents refused voluntary service referrals and the caseworker had insufficient grounds for taking more forceful action against the family.

There is no doubt that protective service workers, particularly those responsible for the initial investigation of

maltreatment reports, face overwhelming work demands. Over the past ten years, child abuse reports have increased 184%. All of these reports, some two million last year, required an initial investigation and half of them were opened for formal protective services. While all state agencies are required by law to invectigate reports of abuse and neglect generally within 24 to 48 hours, approximately one-third of the administrators responding to a recent survey by the Child Welfare League of America indicated that they were often unable to meet these standards. Often the sheer volume of reports delay these investigations. In California, for example, workers in the emergency response units carry average caseloads of 32.8 families as opposed to the state recommended caseload of 15.8. The changing composition of these reports also accounts for some of the delay. Charges of sexual abuse, which have been increasing and now represent over 14% of all reports, require a higher than average degree of community involvement and coordination both to substantiate as well as to provide effective services.

What can the federal government and NCCAN specifically do to improve CPS practice and better protect children from serious and fatal harm? We believe NCCAN should continue to use its resources to develop and replicate promising strategies in three specific areas:

- the process for accepting and investigating

reports of maltreatment;

- the process of providing and managing services for those families determined to be abusive or neglectful; and
- the process of providing and managing services for those families at high risk of abuse and neglect.

Several states have already initiated their own reforms in these areas. However, leadership is required at the highest level of government to insure that the best of these approaches are identified, well-documented, and readily accessible to other states.

In reviewing where we need to go, difficult questions need to be raised and answered:

- should all expected cases of all types of child maltreatment be reported to CPS for investigation?
- who other than child protective services could handle some of these reports?
- should cases of nonfamilial abuse be addressed by the same system addressing abuse or neglect within the family?
- should entirely different response systems be in place for physical abuse, child neglect,

emotional maltreatment and sexual abuse?

- should child welfare remain the primary fiscal and administrative responsibility of local and state agencies or is there a larger role for the federal government?

At this stage, it is far easier to raise questions than to answer them. Those that believe we should simply limit the CPS response system to those cases in which children have already experienced physical harm as a result of mistreatment overlook the fact that the progression of child abuse and neglect often follows a pattern similar to many diseases. The initial symptoms or consequences may appear quite superficial or result only in mild discomfort. Eventually, however, these symptoms can, if untreated, mushroom into permanently disabling or fatal conditions. Intervening after a child has suffered is simply too late for the child, for the family and for a credible child protection system.

As we move into the 1990's, reducing the incidence of child abuse and neglect will require the cooperative efforts of all governmental and private agencies concerned with the welfare of the nation's children. Since its passage in 1974, the Federal Child Abuse Prevention and Treatment Act has served as a lightening rod for improvements in our methods of treating and preventing all forms of maltreatment. The continuation of this

legislation and of the National Center on Child Abuse and Neglect will provide vital leadership in the coming years as we collectively reassess our child welfare systems and our commitment to protecting our children.

Chairman MILLER. Mr. Besharov.

TESTIMONY BY DOUGLAS J. BESHAROV, RESIDENT SCHOLAR, AMERICAN ENTERPRISE INSTITUTE

Mr. BESHAROV. Thank you, Mr. Chairman, for inviting me to be here.

I remember well when I was Director of the National Center and it was you, and I think only you, who was responsible for the addition of child sexual abuse amendments to the Act. It made a big difference back then and it continues to.

I now do some work on welfare reform and have been involved with Mr. Coats and his staff. I know of your interest, sir, in the condition of America's families and in how family breakdown is having major consequences, not only economic but social. And perhaps we'll talk a little bit about that this morning.

I was invited, in Mr. Miller's letter, to talk about unfounded reports. And I must say, when I read the letter I swallowed hard and I said I hope I'm not up here to be hit too hard on the head on the subject.

I'm going to say some things about unfounded reports but they must be kept in the context of our need for a strong child protective program. And that means at the local level and at the state level, a firm commitment to protecting children who are abused, neglected or exploited by their parents. And it means a strong national program.

If I were given a choice between the program we have now and the program we had 15 years ago, or even 10 years ago, I would choose today's program. But I think there's room for improvement. I think it's important that we try to improve the system around the country because the problems that my two colleagues have eloquently described and that the others will describe this morning have many causes.

One of them is the fact that, in my opinion at least, public agencies are overburdened with inappropriate reports. And I try to use that language instead of "unfounded" for reasons that I will describe in a minute.

There has been, as you have heard, an enormous expansion of child protective programs in this country. If the 1.9 million figure of reported children last year is correct, that would make it 12 times the number of children reported in 1963.

It has made a difference, although we are worried about an increase in child deaths. The fact of the matter is that almost everyone's estimate 10 years ago was that between 3,000 and 5,000 children were dying from child abuse and neglect. I think the better figure was between two and three. But those were the estimates.

We are now talking about estimates of child deaths in the range of 1,000 to 2,000. There has been a major reduction and I think we have to credit a government program for the reduction of deaths. And it's good to see that.

Too often, you know, critics of government programs don't want to credit what happens that's good. And too often, supporters of government programs are afraid to say they work because that means they shouldn't have more money.

Well, this one has worked. It has saved thousands of lives. We ought to credit it. It's a system that now is having some difficulties. But over a 10-year period of time, it has made a difference. It has made a difference in hundreds of thousands of lives.

There are, however, real problems, some of which you have heard already. Reports in a number of states suggest that anywhere from 35 to 50 percent of all child deaths, attributed to child abuse and neglect, were previously known to the authorities.

That's a serious indictment of our system. It means that when people call in and say, "Johnny has been beaten up," or has been neglected, we are not delivering the service we need to deliver.

At the same time, though, and related to this, is the problem of unfounded reports. And here's where I take issue with my colleague, Dr. Green. I think we're paying too high a price for unfounded reports. I don't know whether the figure today is 55 percent of all reports are unfounded or unsubstantiated or 65.

When I did my research two years ago, the American Humane Association was saying, I think, that less than 42 percent were unfounded. We corrected the numbers because we went state by state. Your staff saw how hard it is to get the data.

To me, it doesn't matter whether it's 55 percent or 65 percent. It's a serious problem, it's much larger than it was 10 years ago when we had unfounded rates of only around 35 percent. It's a different problem from false alarms to the fire department, I think.

First of all, I think if you had a group of firefighters up here, they would say false alarms create a major drain on their resources and they want to do something about it.

There's a further difference. When the fire department comes to a house and sees no smoke, they ring the doorbell and ask, "Is there a fire here?" If the people say, "No." They leave.

In a child abuse case, it doesn't happen that way. They come to the house and they say, "Well, we don't see any smoke, but still, is your child abused or neglected?" And even if the parents let the worker in and talk to the worker, the worker is instructed (by agency manuals, in most cases) to pursue the matter further: contact schools, contact daycare centers; and contact friends, neighbors, and relatives.

We expect protective service workers to do this because they're trained to do so and their job is to find children who are in danger. But it is a different kind of situation than just responding to a false alarm.

The investigation, by the way, eats up precious resources, resources that could be better used for children who are in obvious and real danger. And that's why I would make the connection between the failure to protect some children and the unfounded rate. It creates a burden on agencies that they don't need.

This doesn't mean there shouldn't be any unfounded reporting. As a number of us have argued, an unfounded rate of between 30 and 40 percent is not so unreasonable. It is when the unfounded rate starts rating 55, 60, 65 percent that we need to worry.

My home State of New York was flirting with a 75 percent figure. Virginia has a 75 percent figure. The State of California, I'm told, has a 67 percent figure. That's when we start having problems.

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Here, we're not talking about absolutes. We're talking about a range of elements. Many unfounded reports do involve other issues besides a lack of evidence. Caseworkers are overworked. They are using the unfounded process as a method of caseload control.

I think the message I'd like to leave you with is that unfounded reports do not present an insurmountable problem. There are things to be done that don't threaten the basic vitality of child protective programs.

Both the American Public Welfare Association and the National Center on Child Abuse and Neglect have initiated major efforts to see how the unfounded rate can be reduced. And they, as well as others, are coming to some basic solutions.

One is better screening of reports from hotlines. Hotlines now take almost anything that is reported to them. I've sat in on hotlines. I've seen. Research studies show that you can identify depending on the research, from 10 to 25 percent of the cases that needn't be investigated.

We need better materials about reporting child abuse and about what should not be reported. And we need a general change in the rhetoric about child abuse and neglect.

As I indicate in my testimony, even when we're talking about 1.9 million maltreated children, it's important to recognize that less than 15 percent of substantiated cases involve any serious physical threat to the child. That's of both abused or neglected children.

The vast majority of the children that we're talking about are reported for educational neglect, emotional neglect, and catchall phrases like "inadequate parental care."

In the remaining moments, let me just mention two things. One, we here today are a group of professionals and representatives of Parents Anonymous. In a few years, I think a table like this will have yet another group represented at the table, and that's a group called VOCAL.

VOCAL is a group of self-proclaimed Victims of Child Abuse Laws. It has over 3,000 members in 30 states. I believe that there are 10 or 15 chapters in the State of California. These are parents who have been reported as suspected perpetrators of abuse and neglect, but who claim their innocence. More important, they ask for a fair shake in investigations.

They temporarily derailed a child abuse appropriation in Arizona two years ago. They got 2,000 signatures on a petition to remove the Scott County prosecutor in Minnesota. And they are now planning a national letter-writing campaign to The Congress to see that the rights of innocent parents and their children are reflected in federal legislature.

In my statement, I describe my ideas about what might be done to amend federal legislation. I make two small recommendations.

One is that, just as states are being required to have child abuse reporting systems, they should also be encouraged to have more accurate reporting.

Thank you very much.

Chairman MILLER. Thank you.

[Prepared statement of Douglas Besharov's follows:]

PREPARED STATEMENT OF DOUGLAS J. BESHAROV,* J.D., LL.M., RESIDENT SCHOLAR AT THE AMERICAN ENTERPRISE INSTITUTE, WASHINGTON, DC

Thank you for inviting me to testify before you today. The Select Committee has been an important force for bringing attention to the needs of children, youth, and families. Besides your many other contributions, Mr. Chairman, I know that your personal efforts were singularly responsible for child sexual abuse being a matter of specific federal action. And, from my work on welfare reform, I know of Congressman Coats' deep concern over family breakdown and its personal and societal consequences.

In accordance with Mr. Miller's letter of invitation to me, I will be focusing my remarks on the problem of "unfounded" reports. However,

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before doing so, I want to emphasize the importance of strong child protective efforts at the state and local level--and of strong yet flexible leadership at the national level. The nation's child protective capacity is many times greater now than it was ten short years ago. Given the choice between what things were like then and what things are like now, I would unhesitantly chose our present system--warts and all. But that is not to say that we cannot try to do better. That is the spirit in which I hope that you will take my remarks.

* * *

In the past twenty years, there has been an enormous expansion of programs to protect abused and neglected children, in large part encouraged by federal funding. In 1985, more than 1.9 million children were reported to the authorities as suspected victims of child abuse and neglect. This is more than twelve times the estimated 150,000 children reported in 1963. Specialized "child protective agencies" have been established in all major population centers. Federal and state expenditures for child protective programs and associated foster care services now exceed $3.5 billion a year.

In part because of the impetus of the federal Child Abuse Prevention and Treatment Act, there now exists a nationwide infrastructure of laws and agencies to protect endangered children--and it has made a difference. Increased reporting and specialized child protective agencies have saved many thousands of children from death and serious injury. The best estimate is that, nationwide, child abuse

deaths are down from 2-3,000 a year to about 1,000 a year. In New York State, for example, within five years of the passage of a comprehensive reporting law which also mandated the creation of specialized investigative staffs, there was a fifty percent reduction in child fatalities, from about 200 a year to fewer than 100.

Nevertheless, there are still major problems--which threaten to undo past improvements.

Of the estimated one thousand children who die under circumstances suggestive of parental maltreatment each year, between 35 and 50 percent were previously reported to child protective agencies. Many thousands of other children suffer serious injuries after their plight becomes known to the authorities.

At the same time, about 65% of all reports are labelled unfounded (or a similar term) after investigation. This, by the way, is in sharp contrast to 1975, when only about 35% of all reports were "unfounded."

As I will try to describe, these two problems are connected--and can be addressed by an amendment to the federal child abuse act.

Unfounded Reports Hurt Families

Unfortunately, the determination that a report is unfounded can only be made after an unavoidably traumatic investigation that is, inherently, a breach of parental and family privacy. To determine whether a particular child is in danger, caseworkers must inquire into the most intimate personal and family matters. Often, it is necessary to question friends, relatives, and neighbors, as well as school teachers, day care personnel, doctors, clergymen, and others who know

the family.

Richard Wexler, a reporter in Rochester, New York, tells what happened to Kathy and Alan Heath (not their real names): "Three times in as many years, someone--they suspect an 'unstable' neighbor--has called in anonymous accusations of child abuse against them. All three times, those reports were determined to be 'unfounded,' but only after painful investigations by workers. . . . The first time the family was accused, Mrs. Heath says, the worker 'spent almost two hours in my house going over the allegations over and over again. . . . She went through everything from a strap to an iron, to everything that could cause bruises, asking me if I did those things. [After she left] I sat on the floor and cried my eyes out. I couldn't believe that anybody could do that to me.' Two more such investigations followed."

"The Heaths say that even after they were 'proven innocent' three times, the county did nothing to help them restore their reputation among friends and neighbors who had been told, as potential 'witnesses,' that the Heaths were suspected of child abuse."

Laws against child abuse are an implicit recognition that family privacy must give way to the need to protect helpless children. But in seeking to protect children, it is all too easy for courts and social agencies to ignore the legitimate rights of parents. Each year, over 500,000 families are put through investigations of unfounded reports. This ia a massive and unjustified violation of parental rights. As Supreme Court Justice Brandeis warned in a different context, "experience should teach us to be most on guard to protect liberty when the government's purposes are beneficent."

I have also taken the liberty of attaching a case history of another troubling case.

Some Unfounded Reports Are Necessary

There are, of course, many reasons for the high unfounded rate--evidence of child maltreatment is hard to obtain, overworked and inadequately trained workers may not uncover the evidence that does exist, and many cases are labelled unfounded as a means of caseload control or when there are no services available to help the family.

Moreover, a certain level of unfounded reporting is necessary to make the system work; it is an inherent--and legitimate--aspect of reporting suspected child maltreatment. We ask hundreds of thousands of strangers to report their suspicions; we do not ask that they be certain.

These realities, it seems to me, make an unfounded rate of 30-40 percent acceptable. It is the last 20 to 30 percent of unfounded reports that is the cause for concern. For the reasons I will describe, they could be removed from the system without threatening the fundamental mission of child protective agencies. The failure to do so imperils the future credibility of child protective efforts.

Endangering Children

The current flood of unfounded reports is overwhelming the limited resources of child protective agencies. For fear of missing even one abused child, workers perform extensive investigations of vague and apparently unsupported reports. Even when a home visit based on an

anonymous report turns up no evidence of maltreatment, they usually interview neighbors, school teachers, and day care personnel to make sure that the child is not abused. And, even repeated anonymous and unfounded reports do not prevent a further investigation, as the Heath case illustrates. But all this takes time.

As a result, children in real danger are getting lost in the press of inappropriate cases. Forced to allocate a substantial portion of their limited resources to unfounded reports, child protective agencies are increasingly unable to respond promptly and effectively when children are in serious danger.

Ironically, by weakening the system's ability to respond, unfounded reports actually discourage appropriate reports. The sad fact is that many responsible individuals are not reporting endangered children because they feel that the system's response will be so weak that reporting will do no good and, indeed, may make things worse. According to the federal government's National Study of the Incidence and Severity of Child Abuse and Neglect, professionals--physicians, nurses, teachers, social workers, child care workers, and police workers--still fail to report half of the maltreated children whom they see. Each year, about 50,000 children with observable injuries severe enough to require hospitalization are not reported.

Undermining Public Support

Unreasonably high unfounded rates are a public relations disaster. Almost every journalist who covers children's issues knows that the number of missing children was grossly exaggerated--or at least

misleading--and that the first journalist to write about it won a Pulitzer Prize. To be blunt, many reporters are now eager to challenge child abuse statistics and to "expose" what is really going on.

Let me tell you about a phone call I received late last year. A local radio reporter called to ask what she could do to help her housekeeper of ten years who had just been reported for child abuse. The reporter said the allegations were "crazy."

> The housekeeper had been summoned to her twelve-year-old son's school because he had been misbehaving. She was required to take her son home. As she was leaving the school yard with her son, she whacked him across the rear with her hand. The principal saw this and made a report of suspected abuse on the basis of that one whack--nothing more.

One more journalist is now convinced that there is something very wrong with the reporting process.

Angry Parents

The growth of VOCAL, an organization of parents who claim that they were wrongly accused of child abuse and neglect, has also been encouraged by the high unfounded rate. VOCAL now has over 3,000 members, with chapters in more than 30 states.

To the extent that VOCAL calls for better trained child protective workers coupled with a greater recognition of parental rights, I am a strong supporter of the organization--regardless of the guilt or innocence of its members. But one does not have to share this view to realize that VOCAL is becoming a powerful political force. In Minnesota, VOCAL members collected 2,000 signatures on a petition asking the Governor to remove Scott County prosecutor Kathleen Morris from office because of her alleged misconduct in bringing charges,

subsequently dismissed, against twenty-four adults in Jordan, Minnesota. In Arizona, VOCAL members were temporarily able to sidetrack a $5.4 million budget supplement which would have added 77 investigators to local child protective agencies.

I understand that VOCAL is about to commence a national letter writing campaign directed at the Congress. The purpose? To gain support for amendments to the federal child abuse act that would encourage states to do a better job protecting the rights of innocent parents--and their children.

Needed Action

To ignore the present harmfully high level of unfounded reports is to court catastrophe. In the short run, it may be possible to avoid admitting that the reporting system has serious shortcomings. In the long run, though, already severe problems will worsen--and become more visible to outsiders. As more people realize that hundreds of thousands of innocent people are having their reputations tarnished and their privacy invaded while tens of thousands of endangered children are going unprotected, continued support for child protective efforts will surely erode.

Child protective professionals have begun to respond. At the national level, the APWA, through its National Association of Public Child Welfare Administrators, and the U.S. Children's Bureau, under the leadership of Jane Burnley, have begun work on the problem of unfounded reports. So have many states.

What should be the agenda for reform? I believe that the only way

to lower the rate of *unfounded reporting* is: (1) to develop improved definitions (and guidelines) for what should be reported--and what should not be reported, and (2) to implement these definitions through public and professional education and through the screening of hotline reports.

Better Definitions

Few unfounded reports are made maliciously. Studies suggest that, at most, from 5 to 10% are knowingly false. Many involve situations in which the person reporting, in a well-intentioned effort to protect a child, overreacts to a vague and often misleading possibility that the child may be maltreated. Others involve situations of poor child care that, though of legitimate concern, simply do not amount to child abuse or neglect. In fact, a substantial proportion of unfounded cases are referred to other agencies for them to provide needed services for the family.

Thus, we need better definitions of child abuse and neglect (incorporated into public awareness and professional education materials) that provide real guidance about what should be reported--or not reported. Generalized statements about children who are "abused," or "neglected," or "in danger" will not do. Unfortunately, better definitions will not come easily, for they require resolving a series of complex technical and controversial policy issues.

Let me give just a few examples of areas in which technical work is needed. (There are many more.)

Anonymous reports: Even though only about 15 percent of these

reports are later deemed founded, all states accept anonymous reports because they sometimes identify children in serious danger who would otherwise go unprotected. However, this is no reason for investigating anonymous reports that can cite no specific reason to suspect maltreatment. One agency accepted a report that alleged nothing more than that "there are strange noises coming from next door."

Matrimonial and custody cases: Divorce and the acrimony that frequently follows is a fertile ground for unfounded reports. Fear of criticism--and liability--is leading agencies to accept, unquestioningly, reports from estranged spouses. These reports cannot be rejected out of hand, because a small proportion involve real danger to children, as demonstrated by the Mammo case, described below. However, a method must be found to screen out the vast majority of obviously inappropriate reports.

"Reasonable" corporal punishment cases: Until very recently, it was accurate to say that all states recognized the parental right to engage in "reasonable" corporal punishment. But, alas, our concern to identify children in "imminent danger," (more on that in a minute) is leading many agencies to investigate reports that, on their face, amount to nothing more than what courts would recognize as reasonable corporal punishment. Many of these parents need help in child rearing, of course, but, again, accepting and investigating the case only adds another unfounded report to the statistics.

Behavioral indicators: There is a tendency to consider the so-called "behavioral indicators" of child abuse, and especially of sexual abuse, on their own, without physical evidence, without statements of

the child or others, without anything else, as sufficient reason to make a report. Intake workers are accepting reports from teachers and others that "Mary is shy in class," or that "Mary is over friendly."

Behavioral indicators have a valid place in decision-making. They provide important clues for potential reporters to pursue, and they provide crucial corroborative evidence of maltreatment. But alone they are an insufficient basis for a report. There are many other explanations for such behavior. It is essential that this point be made. Otherwise, every shy or over friendly child in the country will be reported.

Imminent danger cases: Agencies cannot wait until a child has suffered serious injury before acting. That is why all states allow reports of "imminent danger" or "threatened harm." However, the failure to articulate the reasons for believing that a child may be in danger of future abuse encourages vague reports that agencies feel they cannot reject without an investigation.

Emotional maltreatment: Once again, vague definitions--one state defines emotional neglect to include "the failure to provide adequate love"--encourage reports that cannot be rejected, but that are almost invariably deemed unfounded after investigation.

The "Child Protective" Mission

Today, child protection is at a cross roads. Across the nation, child protective agencies are being pressed to accept categories of cases that, traditionally, have not been considered their responsibility--and for which their skills do not seem appropriate. In

community after community, the dearth of family oriented social services is pushing CPS away from its traditional role as a highly focused service for children in serious danger--and toward an all encompassing form of child welfare services.

In essence, CPS is paying the price for its past successes. People know that a report of possible maltreatment will result in action. As a result, "child abuse" hotlines are being barraged by reports that, at base, really involve adolescent truancy, delinquency, school problems, and sexual acting out, not caused by abuse or neglect; children who need specialized education or residential placement; parent-child conflicts with no indication of abuse or neglect; and chronic problems involving property, unemployment, inadequate housing, or poor money management. Many of these reports result in the family receiving much needed services, and many do not. But either way, another unfounded report is added to the statistics.

In effect, CPS is being used to fill gaps in what should be a community wide child welfare system. Some child advocates welcome this development, because, they think, it will mean more money for desperately needed services. But sooner or later, politicians will recognize what is happening and will cut us back. Then, we will be in real danger of losing the progress that has been made. Even if this strategy were more likely to succeed, we should shun it. For, the CPS process is a coercive, often traumatic one that should be limited to situations in which the danger to the child overrides our traditional reluctance to force services on unwilling parents.

We must make it clear that CPS cannot be all things to all people.

Here, the major challenge will be to develop definitions that distinguish between those child rearing situations that we think are less than optimal--and for which we would like to offer voluntary services--from those that pose a clear and present danger of serious injury--and for which we are prepared to intervene involuntarily, through court action and removal of the child, if that is necessary.

Screening Reports

Better definitions of reportable conditions will go only part way in reducing the level of unfounded reports. The new definitions need to be enforced. This is the role of intake staff.

Afraid that a case they reject will later turn into a child fatality, most agencies now shirk their central responsibility to screen reports before assigning them for investigation. According to the American Humane Association, only a little more than half the states allow their hotline workers to reject reports, and even those that do usually limit screening to cases that are "clearly" inappropriate.

Imagine a 911 system that cannot distinguish between life threatening crimes and littering. That is the condition of child abuse hotlines. Many hotlines will accept reports even when the caller can give no reason for suspecting that the child's condition is due to the parent's behavior. This writer observed one hotline accept a report that a seventeen year old boy was found in a drunken stupor. That the boy, and perhaps his family, might benefit from counseling is not disputable. But that hardly justifies the initiation of an involuntary,

child protective investigation.

Child protective agencies used to do much more screening. But that was before the recent media hype and before cases like Mammo v. Arizona, where the agency was successfully sued for the death of a young child after the agency refused to accept a report from the non-custodial father.

Overreacting to cases like Mammo v. Arizona, some child protective agencies assume that they should not screen reports at all; that is, that they must assign all reports for investigation. This is a mistake. The proper lesson to be drawn from Mammo, and cases like it, is not that screening reports is disallowed, but, rather, that decisions to reject a report must be made with great care.

Just as child protective agencies have a duty to investigate reports made appropriately to them, they also have a duty to screen out reports for which an investigation would be clearly unwarranted. They should reject reports whose allegations fall outside the agency's definitions of "child abuse" and "child neglect," as established by state law. (Often, the family has a coping problem more appropriately referred to another social service agency.) They should also reject reports when the caller can give no credible reason for suspecting that the child has been abused or neglected. And, they may have to reject a report in which insufficient information is given to identify or locate the child (although the information may be kept for later use should a subsequent report about the same child be made).

The kind of intake decision-making that I am proposing cannot be done by clerks, nor by untrained caseworkers. The agency's best workers

should be assigned to intake--where they can have the greatest impact. In fact, I would suggest that we make assignment to intake a promotion, in which we place our most experienced and qualified staff.

Lowering the Rhetoric

Doing something about the problem of unfounded reports (and it seems to be still growing) requires telling the American people that current reporting statistics are badly inflated by unfounded reports. Up to now, most child welfare officials--in federal, state, and local agencies--have lacked the courage to do so, because they fear that such honesty will discredit their efforts and lead to budget cuts.

Therefore, the necessary first step in reducing harmfully high rates of unfounded reporting of child abuse must be a general lowering of child abuse rhetoric. A more responsible use of statistics would be a good start. Child maltreatment is a major social problem. Each year, about 1,000 children die in circumstances suggestive of child maltreatment. But its extent and severity must be kept in perspective.

We regularly hear that there are upwards of a million maltreated children (including those that are not reported). This is a reasonably accurate estimate, but the word "maltreatment" encompasses much more that the brutally battered, sexually abused, or starved and sickly children that come to mind when we think of child abuse. In 1979 and 1980, the federal government conducted a National Study of the Incidence and Severity of Child Abuse and Neglect. According to this Congressionally mandated study, which collected data for twelve months from a representative sample of twenty-six counties in ten states, only

about 30 percent of all "maltreated" children are physically abused, and only about 10 percent of these children (3 percent of the total) suffer an injury severe enough to require professional care. Thus, 90 percent of the cases labelled "physical abuse" are really situations of excessive or unreasonable corporal punishment which, although a matter of legitimate government concern, are unlikely to escalate into a serious assault against the child. (Other data from the Incidence Study indicate that fewer than one in five of these cases presages anything resembling child abuse or neglect, let alone serious injury to the child.)

Sexual abuse makes up about 7 percent of the total. This is probably a low figure; major efforts are being made to increase the reporting of suspected child sexual abuse.

Physical neglect makes up about 17 percent of all cases. The three largest categories are: failure to provide needed medical care (9 percent); abandonment and other refusals of custody (4 percent); and failure to provide food, clothing and hygiene (3 percent). Physical neglect can be just as harmful as physical abuse. More children die of physical neglect than from physical abuse. But, again, the number of cases where serious physical injury has occurred is low, perhaps as low as 4 percent of neglect cases.[1]

The remainder of these cases, about half,[2] are forms of educational neglect and emotional maltreatment. Educational neglect, at

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[1]American Association for Protecting Children, Highlights of Official Child Neglect and Abuse Reporting: 1984, p.16, Table 6 (1986).

[2]The total comes to 110 percent because there is a slight overlap among categories of cases.

27 percent, is the single largest category of cases. Emotional abuse, mainly "habitual scapegoating, belittling and rejecting behavior," accounts for about 20 percent of the total. And various forms of emotional neglect, defined as "inadequate nurturance" and "permitted maladaptive behavior," are 9 percent of the total. While some forms of emotional maltreatment are deeply damaging to children, most cases do not create the need for aggressive intervention as do cases of serious physical abuse or neglect.

Almost 85 percent of all cases of "child maltreatment," then, involve excessive corporal punishment, minor physical neglect, educational neglect, or emotional maltreatment. These are really forms of emotional or developmental harm to children that pose no real physical danger. Moreover, the overwhelming bulk of these cases, which are most accurately considered forms of "social deprivation," involve poor and minority families. Compared to the general population, families reported for maltreatment are four times more likely to be on public assistance[3] and almost twice as likely to be black.[4]

Furthermore, maltreating parents tend to be the "poorest of the poor." Most research confirms one study's finding that, as between maltreating and non-maltreating families, the former "lived under poorer material circumstances, had more socially and materially deprived childhoods, were more isolated from friends and relatives, and

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[3]American Humane Association, Trends In Child Abuse and Neglect: A National Perspective, p.24, Table IV-3 (1984).

[4]Trends In Child Abuse and Neglect: A National Perspective, supra n.3, p.97, Table A-IV-7.

had more children."[5] About 30 percent of abused children live in single parent households and are on public assistance; the comparable figure for neglected children is about 45 percent.[6] Protecting these children means lifting them parents from the grinding poverty within which they live.

Recognizing these realities would go a long way toward reducing the current hysteria about child abuse. It would also make people less likely to believe that every bruised child is an abused child.

"Doing Something" To Improve Reporting

Few unfounded reports are made maliciously. Most involve an honest desire to protect children coupled with confusion about when reports should be made. Hence, much can be done to reduce the number of unfounded reports without discouraging reports of children in real danger. Let me summarize the points I have tried to make in this statement.

First, reporting laws and associated educational materials and programs must be improved to provide practical guidance about what should be reported--and what should not be reported. They should call for reporting only when there is credible evidence that the parents have already engaged in seriously harmful behavior toward their children or that, because of severe mental disability or drug or

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[5]Horowitz & Wolock, "Maternal Deprivation, Child Maltreatment, And Agency Interventions Among Poor Families," in L. Pelton, ed., The Social Context of Child Abuse and Neglect, pp.137, 138, 161 (1981).

[6]Trends In Child Abuse and Neglect: A National Perspective, supra n.3, at p.97, Table A-IV-7.

alcohol addiction, they are incapable of providing adequate care. The parent's behavior need not have already seriously injured the child for it to be considered seriously harmful. A report should be required if the parent's behavior was capable of seriously injuring the child. The criminal law would call such behavior an "attempt" or "reckless endangerment." While such terms are not applicable to child protection (because they imply a higher degree of intent than is necessary and because they seem to exclude situations of child neglect), the criminal law's fundamental reliance on past wrongful conduct as the basis for state intervention has equal validity for child protection intervention.

Second, the liability provisions of state reporting laws should also be modified. Most reporting laws penalize the negligent failure to report while granting immunity for incorrect, but good faith, reports. This combination of provisions encourages the overreporting of questionable situations. Fearful of being sued for not reporting, some professionals play it safe and report whenever they think there is the slightest chance that they will subsequently be sued for not doing so. To reduce this incentive for overreporting, six states already limit civil liability to "knowing" or "willful" failures to report. All states should do so.

Third, child abuse hotlines should fulfill their responsibility to screen reports for initial sufficiency. They should reject reports whose allegations fall outside the agency's definitions of "child abuse" and "child neglect," as established by state law. They should also reject reports when the caller can give no credible reason for

suspecting that the child has been abused or neglected or when its unfounded or malicious nature is apparent.

Fourth, the Federal Child Abuse Prevention and Treatment Act should be amended to encourage states to better protect the rights of parents accused of abusing and neglecting their children. Since the passage of the Child Abuse Prevention and Treatment Act in 1974, it has mandated states to seek the reporting of ever greater numbers of abused children--without regard to the validity or appropriateness of reports. While this one dimensional approach may have been justified ten years ago when few reports were made, these requirements have remained essentially unchanged in the face of ever increasing numbers of unfounded reports.

On the other hand, I would not recommend major changes in the Act. Basically, it has served us well. And this is not the time for major change. In this, as in all areas, a series of small, carefully considered steps is more likely to lead us in the right direction than is one long leap.

Therefore, I would recommend only two changes in the Act. First, states should be required to demonstrate that they are making efforts to encourage more accurate reporting. This would include:

(1) the preparation and dissemination of educational and training materials that describe what should not be reported--as well as what should be reported, and

(2) the adoption of better screening policies and procedures for hotline.

Second, states should be required to demonstrate that they are

making efforts to prevent children from being removed from their homes without an appropriate investigation--unless they appear to be in imminent danger. Such a requirement would merely apply to child protective decision-making the IV-E requirements of reasonable or "diligent" efforts to return children who have been placed in foster care.

Conclusion

To continue to ignore the present harmfully high level of unfounded reports is to court disaster. In the short run, it may be possible to avoid admitting that the reporting system has serious shortcomings. In the long run, though, already severe problems will worsen--and become more visible to outsiders. As more people realize that hundreds of thousands of innocent people are having their reputations tarnished and their privacy invaded while tens of thousands of endangered children are going unprotected, continued support for child protective efforts will surely erode.

Child maltreatment is a serious national problem. It need not be exaggerated in order to gain public and political support.

* * *

Thank you for giving me this opportunity to speak to you.

APPENDIX

FOR THE LOVE OF BASEBALL

There is a nine year old little boy who, for the last six years of his life, has been in love with a game called Baseball (I know, I am his mother). At age eight, he tried out for the "Lambert Little League" and proudly became a single A Angel.

In 1984, he won a trophy for being the Good Sportsmanship Player of the whole league. Chris won a Certificate of Award from the Laurel Elementary School PTA for the Reflections Contest, when he drew a picture of a baseball diamond with himself at bat titled, "I have a Dream of Being a Baseball Star." This was in the second grade.

This year; 1985, Christopher tried out again and now he plays for the double A Angeles. Only now I am afraid for him to play baseball at all!

On May 6, 1985, Monday afternoon, Christopher was practicing pitching and catching in the front yard of our house with two neighborhood boys. They were using a tennis ball and a pitchback. This is an aluminum frame with a net designed to pitch the ball back to you. (It was a Christmas gift from his aunt.) During the game he missed the ball with his mitt and was struck in the nose, in fact, right between the eyes. It left a red mark on his nose and the side of one eye. It didn't hurt much and there was no bleeding so instead of being a sissy in front of his friends, he did not come in to the house crying that he was hurt. I was not aware of any injury.

The next day Christopher was forty minutes late coming home from school. I sent my sister, his aunt, to look for him and thinking the baby (Jenny, age 16 months) might enjoy the ride, she took her along. They went up to the school looking for Chris. There she was met by police officials and Christopher, who was scared to death and crying. In front of Chris, the policemen removed my baby from her aunt's arms and told her that they were taking my children for child abuse and we could not see them.

The children's aunt came back home in a state of total hysteria. She stood in the middle of the living room crying and screaming. It took several minutes to find out was wrong. She kept saying "They took our kids! Oh God, Oh God! Why did they take our kids?"

The police took my children to La Mirada Community Hospital to be examined for possible child abuse. (The hospital has since sent me a bill for $373.00.) The hospital report on Chris said, "a small bruise on bridge of nose, redness around one eye and a couple of small scratches on face" (due to baby Jennifer). They recommended no treatment. They x-rayed all of both children's bodies and neither had ever broken a bone in their lives (Thank God). They found no signs of abuse of any kind on Jennifer.

The DPSS then had Chris placed in a foster home which already had two children sleeping on the floor and whose playground was the local high school where the children played unsupervised after school hours.

Jennifer was placed in Mac Laren Hall where she sustained numerous bruises on her face, ear, arms and legs. Only Jenny can't talk to tell me how it happened.

Christopher told the teacher, school nurse, and school principal about the baseball accident, he told the police and DPSS workers, he told anyone and everyone and they still took my babies away. They wouldn't believe him or even telephone me.

After three days of being unable to eat or sleep, we had a dependency hearing, where the judge ordered my children detained until the trial on July 22, 1985.

On Friday I was finally allowed to visit Jenny in Mac Laren Hall, I found her sick, dirty, and covered with bruises. The only answer they could give me was that "maybe another child got to her." By Monday I was hospitalized for stress and severe dehydration.

The following Wednesday we finally went before a judge who released the children to me until trial.

I have pawned my jewelry and I am in the process of selling my car and furniture. I have called every attorney I can find. My job put me on a personal leave of absence so that they would not have to pay my salary until I have solved my personal problems. I'm broke! Now I have two very frightened kids at home besides myself. Am I guilty? I did buy him his first baseball!

Chairman MILLER. Ms. Massinga.

TESTIMONY BY RUTH MASSINGA, SECRETARY, DEPARTMENT OF HUMAN RESOURCES, STATE OF MARYLAND

Ms. MASSINGA. Thank you, Mr. Chairman.

I'm Ruth Massinga, Secretary of Human Resources in Maryland. I want to join with my colleagues in thanking you for this opportunity to address this important issue. And I am particularly pleased to see the interest and care you have taken in looking at this issue over a considerable period of time.

Maryland, like most other states, and as you have heard described here today, has seen a dramatic and sustained escalation in the reports of child maltreatment. Over the past 18 months, child abuse and neglect reports in Maryland have increased by 27 percent, and our analysis of the data indicates that the rate of growth is likely to be even greater.

Another trend, which is important to understand and is reflected in our state and throughout the country, is that more and more of these reports reflect sexual abuse. Investigating these cases and helping children involved is particularly time-consuming and stressful which places additional strain on a system already stretched beyond reasonable limits.

And as Mr. Besharov has indicated, it is extremely disturbing to me that more of these reports are those in which there have been multiple contacts between the agency and the families.

We are, therefore, concerned to make sure that we do the job well in the first place. And far too often, we find that that has not happened.

Unlike some of the reports that you have heard, Maryland is making investments of State general funds in responding to this problem. We have returned to the Governor and General Assembly time and again, over the last three years, to bring in more investigative staff.

For fiscal year '86, the Governor and General Assembly approved 55 new protective services staff and then 60 more for fiscal '87. For fiscal '88, we are seeking 123 additional staff at a cost of $3 million in Maryland this year. And I'm afraid that even these staff will not be enough to keep pace with the projected increase in reports.

In short, states that are trying to meet time mandates and provide reasonable quality of services and investigations are literally drowning in meeting the investigative need and not investing nearly as much of their resources proportionately in providing preventive and ameliorative services.

While we, in Maryland, have provided some of the services that seem to have good results throughout the country, like Family Preservation Programs, the fact is we are investing more and more of our resources in meeting the investigative limit of our state law and of federal demands.

I am concerned that the resources spent in this way, though necessary, are not really directed toward fixing the problem in the first instance. And I would agree with Mr. Besharov that one of the things that your work can help us do is to develop more and more sophisticated indicators of the need for investigation. I think that it

is fair to say that while we have worked very well in the field over the last 10 to 15 years, the tools that social workers are using are, very primitive to determine when an investigation is necessary and the kind, the quality of intervention that needs to be taken to help the families and children involved in that situation.

A second issue, which is critical to remind you of and my colleague has already mentioned it is the increasing inability to attract and retain professionally trained staff.

While we have made considerable efforts in increasing the salary levels and finding other enticements for professionally trained social workers to do the investigative function in child protective services, it is growing harder and harder to both attract and retain those staffs, and why not?

If someone has a degree in Social Work that prepares them to provide therapies which are more satisfying to the worker, in which she or he is not constantly over-burdened with long hours and a feeling of great frustration, they are more likely to take a job outside of child protection.

So that not only are we working with primitive tools, but the people whom we know to be the best qualified to serve these kids and their families are often walking away from the practice of child protective services because the working conditions are far too difficult.

There are some promising approaches in terms of child protection and prevention. I have mentioned some of them that are in place in Maryland. And you have heard of them today from other presentors.

My worry, however, is that we will not, as a nation, and maybe Maryland will not as a state, be able to stay the long course that it takes to really divert our resources from investigative work to preventive work.

It is not enough to find the case. It is equally important to provide the services and that they be of high quality once you find them.

What would I ask of you? Certainly, more money is a part of the answer and there has to be greater federal investment in this program in partnership with the states. But there does need to be vigorous and active training and vigorous and active work in helping us find the tools to conduct meaningful investigations at the local level.

Finally, I would also say that the small but valuable start in child abuse prevention grants that the Federal Government initiated, which we use as seed money to stimulate community-based activity, was very important but was extremely modest and needs to be increased.

This is the time for massive education, for intensive research to find ways to ensure children's well-being and for leadership from the Congress to focus public attention and public will upon this issue.

Thank you.

Chairman MILLER. Thank you.

[Prepared statement of Ruth Massinga follows:]

PREPARED STATEMENT OF RUTH MASSINGA, SECRETARY OF HUMAN RESOURCES, STATE OF MARYLAND

Good morning. I am Ruth Massinga, Secretary of Human Resources in Maryland. The Department which I head is responsible for our state's child welfare services, for other social services for children, families, and vulnerable adults, and for income maintenance and child support enforcement programs.

I want to thank the Committee for this opportunity to address an issue of utmost urgency and importance — the maltreatment of children. The horror of child abuse and neglect are no longer things to be hidden away and ignored. The dimensions and pervasiveness of the problem, the severity of its impact on too many of those who are the most vulnerable demand widespread attention and response. I therefore commend the Select Committee for convening this hearing and for its other efforts to highlight this matter.

Dramatic Increases in Reports of Child Abuse and Neglect

Maryland, like most states, has seen a dramatic and sustained escalation in reports of child maltreatment. Over the past eighteen months, child abuse and neglect reports have increased by 27%, and our analysis of the data indicates that the rate of growth is likely to be even greater in the future.

Some who hear these numbers seek comfort in the idea that publicity engenders reports, but that these reports don't reflect "real" abuse or neglect. We know otherwise, for the proportion of reports that are substantiated has remained the same. Perhaps it is that more children are being abused, or perhaps we are at last becoming aware of children who have

suffered without our knowledge. In either case, the maltreatment is real and the numbers are shocking.

Another trend which is important to understand is that more and more of these reports reflect sexual abuse. Investigating these cases and helping the children involved is particularly time-consuming and stressful, placing additional strain on a system already stretched beyond reasonable limits.

To respond to this flood of reports within time-frames required by children's safety and legal mandates has meant diverting staff from providing services that could stabilize families to conduct basic investigations. Yet even with this diversion, which I consider an unacceptable compromise in what we should be doing, Child Protective Services staff are working long days, evenings, and weekends just to do the most rudimentary tasks.

The Difficulty of Getting and Keeping Professional Staff

For the front-line worker, this unrelenting pressure is added to the daily stress of making decisions that literally could have life or death importance. No wonder it is hard — and I assure you it is very hard — to get and keep staff, especially those with the professional qualifications to do the job. The social work degree that prepares you to help children and families in crisis also qualifies you for many other positions that pay better and demand less. Why take on this seemingly thankless job?

And thankless the job truly is. Not only are the demands high and the financial rewards small. Even more important, I believe, are community

attitudes. The public is all too ready to shed its collective responsibility for children, asking these workers to solve extraordinary problems with inadequate resources and holding them personally accountable when they fail.

The Danger of Weakening Resolve

It is true that more resources have been made available, although rarely enough. I have returned to the well time and again, citing the need for more staff to handle escalating reports. For Fiscal Year 1986, the Governor and the General Assembly approved 55 new Protective Services staff, then 60 more for 1987. Now I am back once more, seeking 123 additional staff for Fiscal Year 1988, and am afraid that these staff will not be enough to keep pace with the projected increase in reports.

Frankly, I am worried. Maryland, like many other states, is stepping up to the problem, striving to cover not only increased need but the deficiencies left by federal financial withdrawal. But even the most well-meaning Governor and General Assembly can grow weary. Americans believe you define a problem, put up the resources, and solve it, all in fairly short order. I already see boredom and frustration with the issue of child abuse setting in, and wonder when the challenge will come as to why the problem is not yet "fixed." Citizens will soon be ready to move on to the next issue, to shift attention and resources to an arena where results are more tangible and more immediate.

Helping Families Under Stress Before Abuse Occurs

What all of us need to understand is how complex this problem is and what it will really take to "fix" it.

We need first to understand the environment in which child abuse and neglect grow. Financial distress is severe and widespread among our families. Over 13 million children live in poverty, almost 6 million of these in households with incomes less than half the poverty level. Almost 60% of children born in 1983 will at some point live with only one parent, and then possibly in a "reconstituted" family with another adult to whom they are not related. In 1983, there were 500,000 births to teens, youngsters still struggling with their own identity and hardly ready for the responsibilities of parenthood.

We need to understand the implications of these trends — that families are under dire stress, that the nature of the "family" is changing, that parenting today is very different from what it used to be.

Finally, we need to understand that pouring resources into investigations is a losing, if necessary, venture. We have got to begin to invest substantially in the development of alternatives that can strengthen families, restore stability, and hopefully, prevent abuse from occurring. Children belong with their families, but if we are going to keep them there, we have got to find a way to ameliorate the conditions that lead to dysfunction and disintegration.

I am pleased to say that at least there are promising approaches on which we can build. At the same time as we have added investigative staff, we have invested in intensive family services focused on families where there has been suspected or actual abuse and neglect and the kids are at risk of foster care placement. Early results indicate that this effort, styled after many of the family preservation projects around the country, has produced the expected outcomes of placements and improved family functioning. Maryland is testing Family Support Centers, which are community-based drop-in centers that foster healthy development of children and help young parents develop the skills and self-esteem necessary to be good parents. We also note the effectiveness of self-help groups like Parents Anonymous and Parents United.

What the Federal Government Can Do

What would I ask of you?

Yes, certainly more money is a part of the answer, especially money targeted to those families we know to be at-risk and to those initiatives which we believe can begin to address their underlying problems. The federal government must return to being a partner, a strong partner, in the execution of the most fundamental of social responsibilities, the protection of the next generation.

I would also urge a major effort to broaden public understanding of the phenomenon of child abuse and to search out its remedies. As we put "a man on

the moon" and are diligently pursuing a "cure for cancer," so I think we need to launch a national campaign directed at our children's well-being and future.

The federal government made a small but valuable start in this area with its child abuse prevention grants, which Maryland used as seed money to stimulate community-based activity. But this was an extremely modest effort. Now is the time for massive education, for intensive research to find ways to ensure our children's well-being and healthy development, for leadership to focus public attention and the public will.

I am a public official, a professional social worker, a taxpayer, a mother -- from all of these perspectives, I say without hesitation that I can think of no issue more worthy of this kind of commitment than the welfare of our children.

Thank you.

Chairman MILLER. Ms. Soulis.

TESTIMONY BY JEANNE SOULIS, RESEARCH COORDINATOR, THE CHILDREN'S PLACE

Ms. SOULIS. Thank you.

My name is Jeanne Soulis. I am with The Children's Place, a not-for-profit agency in Kansas City, Missouri that provides treatment to maltreated children and their families and conducts research, training and advocacy.

Until recently, I served as Assistant Director. Currently, I am under contract to strengthen the research component of the program.

The focus of the agency program is the preschool child, aged 6 weeks to 5 years, and the child's family. The goal of treatment is to maximize early intervention, remediate developmental delays, strengthen parent-child interaction, and interrupt the well-known cycle of maltreatment.

Over 95 percent of the children and families we serve are referred by Jackson County protective services. Many are court-ordered. The population is reflected as 70 percent minority, 75 percent less than $5,000 income, 75 percent moms reporting being abused as children.

The cornerstone of our treatment model is a five-day-a-week center-based therapeutic day nursery staffed by a professionally-trained multi-disciplinary team. Parents have weekly involvement with their child, receiving counseling and working with their child in the classroom under the supervision of the treatment staff.

Besides the 5-day program, the agency also provides a diagnostic screening service that utilizes standardized measures to provide state protective service workers with a brief assessment of a child's developmental needs, of parental attitude, and of parent-child interaction.

The day treatment model at The Children's Place has proven to be successful. Standardized data is collected at specified times during treatment of both child and parent, beginning at screening for admission to the program and ending at discharge.

When the children enter the program, they average over 5-months delay in cognitive, social/emotional, and language skills. At the end of a nine-month treatment period, the average length of stay, the children's delays in social/emotional are remediated, the children are within reach of normalcy in language and approaching normalcy in cognition.

It is our belief that once skills reach this level, a child can function successfully in a regular preschool or day care environment.

In a study conducted by Dr. Rex Culp, our Research Director, a group of 35 children treated at The Children's Place were compared with 35 maltreated children who had not been enrolled in a therapeutic day treatment program. At discharge, the children receiving treatment were developmentally on target or nearly on target, while the non-treated children were still 6 to 7 months delayed at the same point in time.

The Children's Place is not only a successful clinical model, but it is also a model of public/private partnerships. The Kansas City

community has provided active and committed leadership, volunteer involvement, and financial support for almost half of our operating budget. The agency has a strong working relationship with state and county social services.

Despite these achievements, as we consider our growth ahead, we face both fiscal and programmatic challenges.

First of all, reimbursement for services has been curtailed. In 1985, a pilot program with county protective services was initiated to automatically refer all preschoolers in one investigative unit for a diagnostic screening as a basis for case planning.

In September, 1986, funding cutbacks forced the county to abandon this pilot. Our overall level of screening referrals dropped from over 25 a month to 5. Some children were removed from our waiting list for day treatment.

The number of counseling units and evaluation units for which we were authorized for reimbursement were cut.

We have been told that at the present rate of expenditure, unless new money becomes available, there will be little or no money left in Jackson County to purchase services during the last quarter of this fiscal year.

We are faced with a decision we have had to face before. In order to prevent disruption of services to a child or family, we must secure alternate funding. Though we have a track record of successful fund-raising, the Kansas City community is being called upon to provide ever-increasing support to a growing number of agencies whose funds have been cut.

Second, we are unable to meet the level of need that exists. The State of Missouri reports that in a 12-month period ending September 30, 1986, over 1,500 cases of children, 5 and under, were substantiated in Jackson County. Though each of these children, we believe, could benefit from a diagnostic screening, we screened only 165 children in 1986.

Though many cases should warrant day treatment, we served only 83 children and their families during the year.

Third, program planning is difficult when funding is unpredictable. As part of our agency planning process, we have been resourceful in initiating new programs, such as the Diagnostic Screening Program. Nine months ago, our referrals for this program were so high we needed additional staff. Three months later, authorizations were cut so sharply we could not justify even one staff position devoted to screening.

Fourth, replication, though possible, requires a commitment of funds and staff time.

In 1985, we provided the leadership to successfully create and fund a similar treatment program in eastern Jackson County. Other communities have asked us to help them build programs. Though interested, our response has been limited, as it is difficult to devote the staff time and resources necessary to fund and implement such efforts.

Finally, our research program is filled with potential. We are one of very few agencies in the United States providing direct service to this population of maltreated children and doing applied research. We just published our first article. We have plans for inno-

vative projects we would like to conduct. To do so, we must secure a stable funding base for our research program.

The Children's Place has a history of meeting challenges like these. We have been fortunate to have state and community support. However, it is our concern that as agencies face increasingly uncertain and unstable funding for their programs, it is tempting to turn away from serving the families in the "system" in favor of those who can afford the services and to provide programs that attract a more stable and predictable market.

Though perhaps not the initial intent of an agency, it may be the outcome of a need to survive.

We, at The Children's Place, are committed to breaking the cycle of child abuse and neglect and to serving the children and families in the system.

We are anxious to continue to expand our leadership role and we feel compelled to share what we have learned. Our success depends on our ability to be advocates and to speak on behalf of the children and families we serve.

I appreciate this opportunity to be such an advocate. Thank you.

Chairman MILLER. Thank you.

[Prepared statement of Jeanne Soulis follows:]

Prepared Statement of Jeanne Soulis, Child Advocacy Services Center, Inc., The Children's Place, Kansas City, Missouri

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1. Reimbursement for services has been curtailed.

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We are faced with a decision we have had to face before. In order to prevent disruption of services to a child or family, we must secure alternate funding. Though we have a track record of successful fund-raising, the Kansas City community is being called upon to provide ever-increasing support to a growing number of agencies whose funds have been cut.

2. We are unable to meet the level of need that exists.

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3. Program planning is difficult when funding is unpredictable.

As part of our agency planning process, we have been resourceful in initiating new programs, such as the Diagnostic Screening Program. Nine months ago, our referrals for this program were so high we needed additional staff. Three months later, authorizations were cut so sharply we could not justify even one staff position devoted to screening.

4. Replication, though possible, requires a commitment of funds and staff time.

In 1985, we provided the leadership to successfully create and fund a similar treatment program in eastern Jackson County. Other communities have asked us to help them build programs. Though interested, our response has been limited, as it is difficult to devote the staff time and resources necessary to fund and implement such efforts.

5. Our research program is filled with potential.

We are one of very few agencies in the U. S. providing direct service to this population of maltreated children and doing applied research. We just published our first article. We have plans for innovative projects we would like to conduct. To do so, we must secure a stable funding base for our research.

The Children's Place has a history of meeting challenges like these. We have been fortunate to have state and community support. However, it is our concern that as agencies face increasingly uncertain and unstable funding for their programs, it is tempting to turn away from serving the families in the "system" in favor of those who can afford the services and to provide programs that attract a more stable and predictable market. Though perhaps not the initial intent of an agency, it may be the outcome of a need to survive.

We at The Children's Place are committed to breaking the cycle of child abuse and neglect and to serving the children and families in the system. We are anxious to continue to expand our leadership role and we feel compelled to share what we have learned. Our success depends on our ability to be advocates and to speak on behalf of the children and families we serve. I appreciate this opportunity to be such an advocate.

Chairman MILLER. Ms. Raphael.

TESTIMONY BY PATRICIA D. RAPHAEL, PRESIDENT, PARENTS ANONYMOUS OF MASSACHUSETTS

Ms. RAPHAEL. Thank you. I must say first that I'm a bit nervous. This is the first time I've been asked to give testimony in this way.

Chairman MILLER. Don't be nervous in front of this Committee. [Laughter.]

Ms. RAPHAEL. Thank you. Not only am I the President of Parents Anonymous of Massachusetts but I'm also a member. And today I've asked Jeannette Atkinson, who is our State Coordinator, to accompany me here.

I'd like to give you a little bit of background on how I came to be a member of Parents Anonymous, and how I view how child abuse becomes an important part of someone's life when one doesn't realize what is happening.

When my son was four years old, I had an experience with him as a single parent who was on Public Assistance and I had no formal education. I had just left an alcoholic husband who was both physically and verbally abusive to me.

And my son had requested a glass of milk at about 10:00 o'clock at night. And the welfare check not covering the whole month, I told him that he could not have it and that he would have to wait until the next morning.

And being a child, he kept nagging. I took hold of him and threw him against his bed. And he missed the cast iron radiator by about a quarter of an inch. I realized that I could have killed my son, not out of pure anger, but out of desperation in not meeting his needs.

I realized then that something was wrong with the relationship that I had with my son. I wanted him very much. It was my choice to be a single parent because of the abuse that I was receiving from my husband. But yet I didn't know what to do about the way I felt as a parent.

And I watched a commercial on television that talked about parenting skills and parents being helped by other parents who had experienced some of the things—that I had, and that was Parents Anonymous.

The same look that I saw in that child in the commercial was the look that I saw in my son when I threw him across the bed. That was what made me go for help. At that time, I was 24 years old.

Why do people abuse their children? Let me make a few points in correlation with what has happened to me. The isolation without support. So many of us have no family systems. If there are family networks, they are very poor networks.

There are poor role models and lack of parenting skills. I didn't even know, at 24 years old, what the right parenting skill was. Or if anybody told me, "You need to go for a class on parenting skills," I looked confused and didn't understand what their point was for me.

I feel very strongly that child abuse is intergenerational. It surely has been in my family. My mother abused me physically, emotionally, verbally. My grandmother abused her physically and emotionally. And I don't know how far back it went.

My grandparent, my male grandparent, was an alcoholic. I chose an alcoholic husband because he met the needs I didn't have from my absent father. He was a parent but never home because of his employment.

I had a step-father who I realized, as a result of joining Parents Anonymous, sexually abused me when I was a kid. That did not come forth until I was about 27 or 28 years old. And then I had to deal with it from henceforth.

Another point is that acceptance of violence is so strong in today's society. We teach both men and women that it's okay to slap a woman. That it's okay to slap your child once in awhile. "So what? My parents did it to me."

I find that verbal and emotional abuse has not had enough emphasis. It can be just as destructive and just as devastating to a child's and an adult's life as the other forms of abuse are.

You can't sensationalize the verbal abuse. And when I used to tell people my story, they would say, "Oh, that's nothing. That's just you upset." And it's something that I'm not proud of. But I'm very happy that I did get help for.

I can't put that on the front page of my newspaper as the child who has the battered face and the broken bones. I think too that some of us, because of our cultures, accept violence and abuse and what is done to us. I certainly did.

I honestly thought, at age 10, that whatever went on between my brother and I was accepted and I felt that's the way it was supposed to be. My mother blamed me consistently for her problems. I wouldn't want to blame my son. It was my choice to have him, I loved him, I wanted to be a "good parent," depending on whose interpretation of "good" it was.

And the last point is that the expectations that people have of parents and parenting is phenomenal. I would expect so much of myself as a parent and as an individual but yet everyone else expects so much of me.

I had no self-esteem. I really, honestly thought that at age 24, when I slapped my son, I was really no good. And nothing good should ever happen to me.

How does Parents Anonymous break the cycle of child abuse? In several ways. First, it teaches us to listen. It teaches us that by listening to people and their background and telling them that, "It's okay you're angry. You have to figure out what made you angry and how you deal with that anger."

They accepted me for who I was and not for what everyone thinks they should mold me into being. I received support, it was peer support, with other people who understood what I was going through or what I had suffered as a child.

They gave me the nurturing that I needed. I was a valuable person. I had something to give. When I first was asked to speak in front of a public group for PA, I thought, "Oh, no. I can't do that. I'm one of those people," until I realized that "those people" were me.

I went out and spoke to groups. I talked on TV shows. And all of this gave me a feeling of, "I'm doing something that I need to do." It wasn't a feeling of importance because it doesn't feel important

to have been a child abuser, but it's important to me to let people know that there is help out there.

I contacted people on my board, and I have a very good relationship with the professionals on the board. But we have parents on the board. And I contact my parents periodically to let them know, "Hey. I'm not out of reach. I still remember where I came from. And I was a parent once as you are, and still am."

Change for many of us is scary. It's unknown. And children see that change. And I remember my son going to one of my talk shows and saying to me afterwards, "Mama, I'm so proud of you because now you don't have to yell and swear at me anymore."

What is PA's motto? It is "Come Home to the Family You Never Had." PA is the only self-help group that addresses abusive families and really looks into the background.

We don't have any simple solutions. I've always told anyone when I speak to them, "Our membership is open to you." Anyone can stay as long as they feel they need to. I've come up through the ranks from being a member, and a co-leader of the group and a board member, and now president of the organization in our state.

Our weekly meetings are comprised of two leaders of which one is a professional that is called a sponsor, and the other is the chairperson who is a parent member. Those people give ongoing support. Telephone numbers are exchanged.

There is always, always—on holidays, nights, whenever—telephone support for anyone who feels they're in crisis, who are afraid of what they may do to their children.

In Massachusetts, we're very proud that we work in conjunction with the Department of Social Services very closely. I've had the honor of being able to train the incoming new social workers. We have trained our new foster parents, and we even have a few social workers who are sponsors and volunteers in Parents Anonymous in different capacities.

What do we need to expand? What do we need from the Committee? Recognition. We need help and visibility to be able to reach out to more parents. We need to let parents know that its okay to reach out for help if you are having trouble with your children.

I find, and I have been in this program for 9 years, going on 10, that it was easier for me to get help if I had said I was an alcoholic or a drug addict than it was for me to say that I am a parent in stress and I was afraid of what I was doing to my child.

Let me give you two examples. One is that when my son was younger, I applied for a job with the school system. And two months into the job I was asked to address the Parent Council. And when I told my immediate boss, who was sitting across from me, that I was going to speak in front of a group of parents, she asked, of course, "On what?" And I said, "Child abuse because I am a recovering abusive parent," she shunned back from me.

And I reached out my hand and said to her, "It's okay to touch me. I'm not catching."

I am presently with a program where we have services, employee assistant services, for alcohol abuse, drug abuse, poor work performance, rehabilitative services, but nothing is there to help the parent who is under stress, or the wife of a husband who's an alcoholic, or a drug addict.

I joined Alanon after my husband died because it gave me the strength to help my son. But that didn't fill all my needs. I needed people to understand why I was hurting and why I was angry, and what I felt as a parent.

We need to have a built-in mechanism for every program that's funded for child abuse treatment to have a component of self-help such as Parents Anonymous.

People need not be afraid to say, "I am angry. I am having a problem being a parent." There is a very, very great stigma on that today. And that's why so many of our cases go unreported and so many people do not speak out when they are under stress with their kids.

We have a lot of people who need assistance.

And last, Jolly K., who was the founder of Mother's Anonymous which later on became Parents Anonymous, chose to fight the battle and she took some risks.

I chose to fight a battle and I've taken some very, very serious risks. There are a lot of us out there who want to take that risk and are willing to fight the battle to find out how we can stop our negative attitude and behavior with our children.

I ask that you give them a chance because the cycle of child abuse can be broken.

I, and other PA members are living proof that PA does work and has a very high success rate. We search for where the roots of our anger came from. We try to figure out what has triggered the anger and what we need to do about it.

We will continue to live the legacy that Jolly K. left behind. I know I will because I can honestly say to you today that the chain of child abuse, which weighed me down so heavily, has been broken. And with the continued grace of God, my husband, and my son, and most importantly, my PA family, which is the family I never had that I found and came home to, it will remain broken.

And I say to you that we, alone, can do it. But we cannot do it all alone.

Thank you.

[Prepared statement of Patricia D. Raphael follows:]

PREPARED STATEMENT OF PATRICIA D. RAPHAEL, PRESIDENT, AND JEANNETTE ATKINSON, STATE COORDINATOR, OF PARENTS ANONYMOUS ORGANIZATION OF MASSACHUSETTS

My name is Patricia Raphael. I am President of Parents Anonymous in Massachusetts. Accompanying me today is Jeannette Atkinson, State Coordinator for the Parents Anonymous program in our state.

Fourteen years ago, Jolly K., the parent who founded Parents Anonymous, testified before a Congressional Committee. Three years ago other Parents Anonymous representatives appeared before this very Committee. We are honored to be invited to follow in their footsteps.

It is a good time for this Committee to be taking a fresh look at the very complex and troubling set of problems that we lump together under the term "child abuse." 25 years ago, Dr. Henry Kempe identified the "Battered Child Syndrome." Rates of reported abuse have sky-rocketed since then, and programs for intervention and treatment have grown, too. We have discovered that we are not looking at one problem for which there is an easy "magic answer." Rather, we find a set of social problems, including physical abuse, sexual abuse, emotional abuse and neglect, for which there are many causes. Parents Anonymous has identified at least three major contributing factors: 1) a past history of unmet needs that leads a parent

to become caught up in the intergenerational "cycle of abuse;"
2) severe environmental or personal stress, such as loss of a job, lack of housing, ill health, or substance abuse; and
3) acceptance of violence in our culture.

Parents Anonymous has been in existence for over 18 years, and has proven itself to be a very, very important part of any comprehensive child abuse prevention and treatment program. Many of the grassroots organizations and programs that were formed in the flush of we-can-change-the-world enthusiasms of the early 1970's have long since disappeared. Parents Anonymous is still here, still changing the lives of people for the better in the same ways that it did when Jolly K. and Leonard Leiber started the first P.A. group in 1969. I will testify as to how the Parents Anonymous program works; why the federal government should support Parents Anonymous; and what our organization needs in order to expand.

Who joins Parents Anonymous? Two years ago, we completed a formal evaluation of the Parents Anonymous program in Massachusetts, and, among other information, obtained a profile of our membership. 87% of our members are women; 54% are married; 87% are white; median household income is just over $12,000; and the average number of children per household is two. 79% of the respondents had experienced abuse or neglect themselves as children, and 87% said that they had problems with abuse or neglect of their own children. The most frequently occuring problem, motivating 72% of members to join Parents Anonymous,

was "fear of anger towards my children." We knew we must be doing something right, because we were reaching parents who feared they were going to lose control as well as those who had already struck out at their children.

Only 7% of respondents acknowledged neglect of their children. This is an interesting point, since the state Department of Social Services sees more cases of neglect than abuse. We feel that abusive parents join P.A. because they are actively involved with their childre and wish to change a troubled relationship, whereas neglecting parents do not have the motivation or energy to do something positive on their own or their children's behalf.

Very few sexual abusers join our program, also. We have learned that many members of P.A. were themselves victims of sexual abuse as children, and that to encourage sexual offenders to join P.A. would scare away our core membership. By helping women who were themselves victims of sexual abuse and who are now having troubles with their own children, we help them protect their children from sexual abuse.

What happens in Parents Anonymous? In P.A. groups, new members find acceptance, often for the first time in their lives. P.A.'s weekly meetings become life rafts for parents, where the week's crises and achievements are shared, where practical parenting tips are offered and taken, and where parents learn that they are worthwhile human beings with an ability to give as well as receive support.

Parents Anonymous groups of approximately 6 - 10 members are led by a parent experiencing difficulties with his or her own children, together with a volunteer mental health professional. This unusual partnership between "client" and "professional" is the key to Parents Anonymous' success.

P.A. parents speak more effectively than any statistics about the Parents Anonymous program:

Elizabeth, from Gardner: "I went to my first P.A. meeting to get my social worker off my back. I was terrified. I felt like I was the world's worst parent. Now I can at least come up with a few things I like about myself. If you don't have a family clique, P.A. will be your family. You always feel better when you leave than you did when you get there.

Lee, from Quincy: Lee was sick, strapped for cash, and abandoned by her husband when she joined P.A. "It seemed like God had singled me out for all the worst things in the world. What helped at first was just being able to go and cry and have someone put an arm around me and say they understood--understood that I loved my children but that I just didn't know what to do. We learn from each other. We share practical parenting tips. We learn to cope with the situations that trigger our anger at home. We track back to find out where our anger came from and learn to handle it, redirect it away from the kids."

Caroline, from Worcester: "Before I joined P.A., I had resigned myself to a life of hell. My husband and I were two kids, fighting with each other and our children. P.A. has been there when I needed a shoulder to cry on, and it's given me a whole network of friends, which I never had before. More important, I've had an opportunity to be part of a solution, not just a problem, and that's given me a lot of self-confidence. I don't feel like a failure anymore, and that's helped me to change my behavior with my kids and my husband."

Barbara, from Dorchester: "I was thinking about jumping off the Mystic River Bridge when I learned about P.A. It saved my life. Now I'm on the warpath against abuse, but not against abusers. After being in the meetings for awhile, I feel better about myself and my parenting. I'm more the person I wanted to be, and - deep down - knew I was capable of being.

Why should the federal government support Parents Anonymous? First, Parents Anonymous works. It is successful in stopping and preventing the recurrence of abuse. A federal study conducted in the mid-1970's determined that parents joining P.A. reported a significant decrease in the frequency and severity of verbal and physical abuse, and a significant increase in self-esteen, social interaction, and positive feelings about children and parenthood. A second federally-funded study, comparing 11 child abuse and neglect treatment programs, also found that "parents who participated in Parents Anonymous, irrespective of whatever other services they received, were significantly more likely to have their problems resolved than clients who did not participate in this service." In our own Massachusetts evaluation, it was particularly important for us to determine the extent to which change was taking place in abusive or neglectful behaviors. Of the respondents who had experienced problems related to child abuse or neglect, 64% indicated that the problem was under control; and 27% indicated that it was not yet under control but had changed for the better.

Second, Parents Anonymous is an open-ended, on-going support system that helps its members make major, permanent changes in their lives. P.A. is not a "band-aid" approach to helping families. Members learn that they do not have to be passive or reluctant recipients of services, but that they have the ability to make significant changes for themselves and their families. Members can grow within P.A. - as group chairpersons, P.A. speakers, and Board Members. Parents leave to go back to school and to take jobs, but they can always return to their "P.A. Family" if they need additional support.

Third, Parents Anonymous is cost-effective. We don't want to argue against other basic services, because many of our members receive other very important services, including day care subsidies, counseling, and even foster care. We do argue, however, that P.A. group support is low cost compared with other services, and should be much more widely available. P.A. helps parents avoid intrusive, expensive services.

In Massachusetts, 600 parents take part in the P.A. program over the course of a year. Our total budget is $120,000. It costs us $200 per parent to provide Parents Anonymous services in Massachusetts, not counting the children looked after in child care at meeting time or the 1,200 parents served on our hotline. In Massachusetts, day care subsidies amount to $4,367 per consumer; substitute care amounts to $13,200 per consumer (not counting the Department of Social Services' administrative costs); and the total D.S.S. budget - $328,700,000 - divided by the total number of consumers - approximately 60,000 = amounts to an average of $5,478 for each recipient of services in the state.

Parents Anonymous is able to provide cost-effective services because of its self-help approach and because so much is donated to the program: the time and skills of our group leaders, or "sponsors;" meeting space; child care; and publicity. For every $1 spent by our program, $10 in services are donated.

Finally, Parents Anonymous works well in conjunction with the State Department of Social Services and other public and private agencies. In many instances, parents join P.A. before

their problems get out of hand, and this is what we are striving for. In other instances, parents join who are already receiving other services. P.A. helps these parents learn that it is possible to take responsibility for themselves, rather than becoming a dependent, permanent, "client" of the system. Parents whose children are in foster care often receive them back with P.A. support; other families do not have to place their children at all. We are a critical part of the continuum of services necessary to protect children and strengthen families.

In Massachusetts, Parents Anonymous works closely with the state Department of Social Services. For three years, we have participated in the training of all new D.S.S. social workers. We have joined in the training of foster parents. Over 20 D.S.S. social workers have volunteered their time, over and above their heavy schedules, to become P.A. "sponsors." P.A. is a member of the Massachusetts Legislative Commission on Violence Against Children and is also on the Department of Social Services' Professional Advisory Committee.

What does Parents Anonymous need in order to expand, and how can the federal government help us? First, the federal government can take the lead in developing and encouraging prevention programs that do not label or frighten parents. P.A. has discovered that many parents want help, but are afraid to reach out for it. "Child abuse" is a term to which severe stigma is attached. There needs to be far greater public awareness that the stresses of parenting are very real and

normal; that it is a rare parent who does not sometimes feel anger towards a child, and who might even act on that anger; and that it is a very positive step to reach out for help. Parents will not take that step if they fear they will be labeled a child abuser or if they fear their child will be taken away from them. A narrow or punitive approach to child abuse will result in fewer families daring to reach out for help - a savings in the short run - but more severely injured or troubled children in the long run.

States are often swamped with the need to provide expensive services to families at the far end of the child abuse continuum. It is easier for the federal government than for the states to focus on the big picture; to acknowledge the real and increasing stresses of parenting in this generation; and to advocate for investment in supportive services to families.

Second, the federal government can recommend or require that all federally funded child abuse and neglect prevention and treatment programs have a self-help component. Although Parents Anonymous has made a great deal of progress in working cooperatively with other human services, we continue to need recognition of the value of our approach and a willingness, by other agencies, to refer parents to P.A. and to support our program. Perhaps it's a concern that P.A. is not "professional" enough; perhaps it's turfism; perhaps it's just lack of awareness about Parents Anonymous - but too many social workers and agencies give us polite lip service, encourage us to refer our members to them,

but do not think of Parents Anonymous for their clients who may need group support.

And finally, Parents Anonymous needs money to help with the coordination and expansion of our program. Volunteer leaders, especially the highly qualified volunteer leaders that we need in Parents Anonymous, are harder and harder to recruit. Funds are needed for chapter development, training, and outreach. Relatively inexpensive community organizers are the backbone of Parents Anonymous staff. For example, thanks to a foundation grant targetted to the city of Springfield, we were able to hire an organizer at $7 per hour, one day per week, for a year. A year later, at a staff cost of $2,800, there were five new Parents Anonymous groups in Springfield - a community where for years there had been none.

We are grateful for the 12 years of support that the P.A. national office received from the federal government, and that many state Parents Anonymous organizations received, for shorter periods of time, through the Child Abuse Prevention and Treatment Act. We are sorry that that support has ended.

Parents Anonymous, both at the national and state levels, has made a renewed commitment to its basic chapter program. We don't want to dilute our program because of the constant pressure to come up with something "innovative" in order to raise funds. We ask the federal government to make a renewed commitment to Parents Anonymous.

Chairman MILLER. Thank you very much to all the members of the panel.

I get the impression a bit this morning that, if we could just clear up this problem of unsubstantiated cases, we would have a pretty good handle on child abuse and sexual abuse, and all the abuse questions in this country.

I don't think that's accurate. I'm not sure I'm hearing this right, but with the focus on the fact that we have, let's say, half the cases going unsubstantiated, somehow we now have a problem that seems almost to be more serious than the abuse itself.

I'm not sure that that's an accurate reading. But I don't quite understand the notion that's being portrayed here, that the system is now being overwhelmed with unsubstantiated cases.

I just wondered if you might respond to this, because that is not the indication I get when I talk to people who work with this problem in my counties and cities. If you just give them all of the substantiated, verified, accurate cases, they're a little over their heads trying to find proper treatment for those children and for those families.

I'm worried that we've moved the spotlight off that problem as opposed to whether or not there's over-reporting or inaccurate reporting going on.

I'd like to open it a little bit for discussion.

Mr. GREEN. Mr. Chairman, the danger with that concept, I believe, is the idea that we must not report even on a suspicion. I say to you that it is mandatory, it is important, that we continue to report where there is reasonable suspicion that children have been maltreated.

Ms. Raphael has made a very, very important point here. We know that this is transgenerational. We know that children are at risk. And we cannot afford the luxury any longer of waiting until children have been abused, have been assaulted.

As a matter of fact, if we wait until we see physical evidence, always, of abuse, we may be waiting too long. There are behavioral indicators. And you will forgive me if I recite a case that I had right here in Washington of an 11-year old child who was in school and whose grades began to fall and who developed a compulsive habit of gargling, washing hands, et cetera.

The teacher saw this and sent the child over to us at our Child Protection Center at Children's Hospital, a number of years ago. Evaluation of this case revealed that this child was being victimized by his own father, was being sodomized regularly.

And it had been going on for months. I say to you that the dangers of an unreported child who is a victim of physical abuse or sexual abuse is serious as far as the ultimate disability, injury, and, yes, even death.

There are some who feel that, within three years, a child who has been abused physically will return to a medical facility for care of more serious injuries.

So I believe that it is critical that we continue our reporting. And when we have reporting of suspicious cases, it requires more resources. And I can't understand, then, why individuals would fight to not have the resources that are necessary to adequately evaluate and investigate cases where a child is at risk.

Chairman MILLER. Let me ask you this, Dr. Krugman. You make a point in testimony that the term—and I don't think anybody used it in this manner—but the term "unsubstantiated" does not necessarily mean false. And whether those cases are screened out or screened in does not necessarily tell you the accuracy of the report.

Some will tell you that you have an overburdened child protective services system that screens out cases that come back to haunt us. In other cases, we have parents who believe that they're the victims because their cases are treated as accurate and truthful, and may or may not have turned out to be untrue later on or were used by one parent against the other.

So we understand that it works both ways. We find both over-inclusion and under-inclusion. But if I understand your testimony correctly it is not accurate to suggest that, because 50 percent or 60 percent of the cases are not substantiated—whatever that figure is and we found that it's very hard to find out from the states—somehow that's a pool of cases that really aren't justified in being in the system.

Dr. KRUGMAN. That's correct. The study I alluded to in my testimony—and I'll give you briefly one other quick piece of data—was done by David Jones, who worked with us and looked just at sexual abuse reports. Because all of the pressure, it seems to me, on this issue of false reports and based on my contacts with the Colorado Chapter of VOCAL, included—a state house of representatives session yesterday tried to mandate videotaping of all reported cases of abuse to prevent CPS workers from hassling the parents.

But the thrust is the pattern and the dichotomy, it seems to me, between whether we are talking about a child protective civil approach to this problem to a juvenile, of course, or whether we're talking about a criminal approach.

Now, Jones' study first indicated that of all of the unsubstantiated reports in Denver County, half of the unsubstantiated reports were unsubstantiated or called unfounded because there was just not enough information.

If you take out such reports and say we just don't know, 70 percent of all reported cases of abuse and neglect in Denver County for sexual abuse in 1983, 70 percent were substantiated.

Now we had some that were false. We had some that were false alarms. That was about 20 percent of the cases. And we had 8 percent that were false allegations; flat out false allegations. A quarter of those were by children, three-quarters of them were by adults.

Now we also had an interesting byproduct kind of study and that was that the substantiation rate of 53 percent in Denver County in sexual abuse related to a seven-member sexual abuse investigation team. The week, or two weeks, when somebody was on vacation, it dropped to 49 percent.

When somebody was on vacation and somebody else was sick, it dropped to 45 percent. They simply couldn't get the work done to be able to get the information necessary in time to meet the deadlines to file a case. And so they said, "Inadequate evaluation. Stop."

Chairman MILLER. Wait. Let me ask you something here.

One of the things that is fairly clear from our Committee report is that in response to concerns a number of years ago about the underreporting of child abuse, a number of state legislatures have taken it upon themselves to redefine child abuse, sexual abuse and neglect as reportable categories of reportable offenses.

And under penalty of law, I would assume now that the physicians are reporting better, or are reporting more and that school teachers, counselors, and others who might be working with these children in different settings, are also making those reports.

We used to be concerned that there was underreporting, though even now, some surveys show us that for every case a physician reports that physician knows about two cases going unreported, for whatever reasons.

So there's a question there.

And now we're suggesting that the problem is over-reporting.

It reminds me of what's going on, at least in my state, and I think now in almost every other state, when we decided to get tough on crime; we decided to put people away for longer periods of time, give heavier penalties, and more things were going to become subject to the criminal code.

Now, in my state, they're appalled that they have 100,000 prisoners and only beds for 29,000. Now they decide they don't want to build the prisons. It seems to me that we're a little bit in that same position. We've asked people to report for the protection of the children, and yet we now find that the system is breaking down, either at the screening level or because of the diversion of children to foster care without proper services being provided first—reunification, whatever.

While there are a few bright spots around the country, family preservation programs are essentially nonexistent. But now we're kind of appalled at what we've discovered. We really haven't worked our way through those 65 percent of the cases, as I read the literature.

We know they're there. But the kind of followup to determine what that 65 percent really is has not been made. And I'm afraid that we're presenting a picture that those are unfounded, those are false cases.

But I do know that around the country, we don't have the kinds of treatment services that we need, that are making people feel good about the fact that what we're doing is effective. And we don't have long term longitudinal data on the program to make us feel comfortable.

So that we have physicians reporting now, and county agencies are trying to do more. And they have more county attorneys who bring them cases and even more juvenile court judges who are ordering treatment and evaluation sessions. But we don't have the treatment systems on scene yet, so that some of the juvenile judges in my state say, "What good does it do for me to order a treatment plan when I don't have anybody who can do this treatment?"

And that frustration builds up, so they get somebody to look at this and report. But the county won't do anything anyway. And if we don't unblock that system by providing adequate treatment services, we will be in trouble. I thought Pat's point was excellent about treatment for alcoholics is available, while we're probably 10

years behind in the child abuse area from where alcohol and substance abuse are.

I don't know whether we need a First Lady now to step forward and lead us in the same way that our present first lady has lead the attack against substance abuse. But we now have alcohol and drug hospitals all over the place.

I mean, your insurance will get you any sort of treatment probably. We need the same thing for children and families in this area because the problem is probably just as big.

Mr. BESHAROV. If I could respond just very quickly.

Chairman MILLER. Sure.

Mr. BESHAROV. I think it would be a terrible mistake to draw this line between people who are worried about unfounded reports and people who want to expand services. Or to say that the two issues are antithetical.

It is possible in this country to say we have a problem with reporting. But that doesn't mean we should jump the system. Most states, in the last 18 months, have begun to look at this problem of inappropriate reporting. The organization of state agencies has mounted an effort to deal with the problem of inappropriate reporting.

They are not suggesting that child abuse is not a serious problem. They are not suggesting that people shouldn't report children who are in suspicious circumstances. But they're trying to deal with a number of very concrete problems including the fact that in a majority of the states, no one is providing real screening or they have none.

Worrying about that screening is not antithetical to worrying about abused children. And I think that—I hope that in the public debate that goes on in the next few months we don't force that issue that way.

Chairman MILLER. No, no. That's not the intent here. My worry is the characterization of yet unsubstantiated reports that somehow those aren't essential or aren't important to what we know about the incidents, the actual incidents of child abuse.

And I agree. But where it seems to break down in many areas, again as I read the literature and talk to people, is the resources that go into screening. Because we're resource poor, they're put into screening and not to services, or services and not to screening. And that's a losing battle, as far as I'm concerned, because all that falls between the cracks are a number of children and families.

Mr. BESHAROV. We are certainly resource poor. But when it comes to screening, we are courage and policy poor. Sometimes we make a mistake in screening. Then the media goes after us. They're quite right to be worried.

Chairman MILLER. Check the San Francisco Bay area and see what's happening.

Mr. BESHAROV. And that's why it's so important for the states to get a signal from the Federal Government that it is appropriate to screen cases. And they're adopting screening procedures in every state that I know of.

It will do more in the short run to protect children than anything else we could possibly do.

Chairman MILLER. I guess it's appropriate to professionally and accurately screen cases. And that goes back to one of the issues that someone raised about people who are doing this screening.

I mean, I love volunteers, but you have to have an ear that's tuned and is accurate. Otherwise, you do end up with that case. We see what happens now when someone dials a 911 number and somebody doesn't understand somebody else: it's a major political trauma within that jurisdiction.

And in the San Francisco Bay Area, a number of kids have died who had engaged the system five, six, seven times prior to their death. You get gun shy.

But the accuracy, again; between being resource poor and having professionally trained people, you almost look set up if that happens.

Dr. KRUGMAN. Well, see, again, I don't want to disagree about resource poor.

Chairman MILLER. I'm taking a lot of the Committee's time now.

Dr. KRUGMAN. We're talking about relatively small pieces of very large agencies. Too many states use clerks to answer the hotline.

Anything that comes in gets investigated. No human thought goes into the process of deciding when an investigation gets mounted. There are real problems with finances in our system. That's not one of them. That one can be fixed.

Chairman MILLER. Well, if they're using a clerk to save money, I'd like to know why they're using a clerk instead of a trained person. That's essential. And I suspect a person with a degree in social services, or what have you, comes with a little higher tariff.

Ms. MASSIGNA. Oh, surely they do. But I think one of the other things we need to say, that I need to say as a profesionally trained social worker, is that often, even if you've got trained social workers who are doing the screening, they are tools. Which is what I said earlier.

The indices that we use to make judgments are not refined, you know. I mean, we have to acknowledge that while we've made a lot of progress, we still need to know much more about what we're looking at when we go out so that, you're right, you know, we oughtn't stint money on the front end of things.

But we also need to recognize that, and I think this is one of the things that the National Center can do, we really need to mount a vigorous research and evaluation process even more so that we can help states really figure out what are you looking at.

Because, often, what goes into the so-called unfounded report are those difficult cases that people can't quite get a handle on and can't quite make a judgment about. They clearly cannot confirm that something went on that they can document.

But they've got a nagging suspicion. And there isn't much———

Chairman MILLER. That's a much different characterization, an unfounded report.

Ms. MASSIGNA. You have a potpourri, though. You have some of those which are absolutely unfounded things, the report. What I'm saying, sir, is that, again, the knowledge that we've got is not sophisticated enough and we just need to recognize that and keep working very hard to perfect it.

We are worried in Maryland about cases that have been known to us before where we have been providing some interventions. And in hindsight you look at it and you say, "Well, maybe that wasn't good enough."

What would have been the triggers that would have told us to work harder, better, smarter? Those are the things that we need to know. So it is resources, yes. But it is resources that are really focussed on providing the treatment that we are sure will help, and we've got to keep working at that.

And the more we are investing in investigations, the harder it is to balance it with the resources and treatment. And that's the real dilemma that states face everyday.

Chairman MILLER. Dennis?

Mr. HASTERT. Thank you, Mr. Chairman.

First of all, I'd like submit for the record, while the file is open, a statement.

Chairman MILLER. No objection.

Mr. HASTERT. Many of my impressions, you know, we were talking about sexual abuse, we're talking about parental abuse, we're talking about abuse that happens in the social agencies and our nation's schools, and on and on. And many times, we're talking about apples and oranges.

We try to put them in the same crate. We try to put substantiation, and all those types of things, in the same crate.

Dr. Krugman, I'd like to ask you a few questions. My time is limited so I would like your response to be as concise as possible.

When I was putting together the Child Abuse Prevention Act in Illinois, about 1983, I went to Colorado because you have a Center there in Denver that was quite reknowned in child abuse prevention.

And I also visited Jefferson County and went up and hit some other areas, just as a check and balance in Colorado. Back then, I found that even though a place like Jefferson County had—were pioneers in using disciplinary teams, and those types of things—and, incidentally, you made the statement that we need to have social workers and certified social workers to do that.

But just the fact that you do have, you know, you need to have the school people and you need to have somebody from the State's Attorneys Office, and you need to have somebody in the medical profession, so I would disagree with that point.

I think maybe you need a combination of people attacking this and looking at it, not just certified social workers or somebody to that degree.

But in Colorado, it was interesting that it was a county approach. And where some counties were very good, some counties didn't have any system at all. And I'm sure that since 1982 and 1983 you've improved on that. [Laughter.]

I'm not being facetious. I'm sure you have. But how do you—that just points up the difficulty of getting good statistics because in one county, your state was excellent in getting statistics—followup. When little Joe moved from Jefferson County and went down to live with his uncle in Canon City, all of sudden he was dropped from the books.

As a result of that, we put in some statewide hotlines and put in mandatory reporting laws, teachers, social workers, on and on and on down the line that increased our statistics greatly of reporting. And we've had a problem in trying to comb out select viable cases that we need to followup on and do some screening.

However, we have, as a part of our state law, that you need to have some type of a response in 24 hours, whether that's a straining response or not. It's difficult to do sometimes. But it was also found that it's very difficult for having the number of social workers on post all the time because those 12 cases and certain cases aren't there.

But when you come down to it, the state's ability to require reporting is very, very important.

Do you think that there should be some type of reporting requirement?

Dr. KRUGMAN. Well, first let me say that I'm a firm believer in the multidisciplinary approach. I feel it would be nice to have more agencies have more professionals who are trained in the provinces that were alluded to before. We have a county approach.

In fact most states, I think, take that kind of approach. And you're quite right. Our county lines are tougher than the Berlin wall is to get over. And we haven't made a lot of progress yet in Colorado. Yet there are some states that are huge that have the statewide approach.

The problem in the reporting system is I think we just need better data all the way up the line. At the county level, the state level and at the federal level. And I don't know how you approach that. I think that if we can't collect this data nationally the way we collect health statistics, or any other kind of statistical data, that we make major policy decisions on, budgetary things, I don't see how we can do much.

Mr. HASTERT. You would just have to legislate that, the reporting, and all that, with teachers, and there's aye, nay, aye, and they didn't like it, and other social groups, they didn't like the reporting requirements especially when you put a penalty with it.

And doctors and pediatricians were especially nasty. The point is, how do you screen this out. And then how do you get to deliver it. And one of the things that I'm afraid of, and we tried it, to put it in a national delivery system, it's awful difficult because of the unique problems across—not only across states, but across the nation, unique states, but also unique parts of each state.

And the question is how do you see it. We have some volunteer organizations and we have some national organizations here. How do you put in place a delivery system that can deliver or even address the unique types of strategies that you need to have for different types of abuse?

For instance, with sexual child abuse, some people advocate taking the person out of society and putting them away. Some people recommend putting them through a cure. Some people recommend that you take the parent out of the home if there's abuse.

And some people say, "No. You keep the family together." And nobody's right and nobody's wrong. I mean, it's very difficult because it's so many experts and they have different approaches.

How do you meld together, in your opinion, a delivery system so that you can begin to approach the problem?

Dr. KRUGMAN. Well, I think the data have to be state and locally derived with the responsibility being fixed to a given agency to investigate. And that, I think, could well be social services.

I would like to see the health system do a lot better job in taking the responsibility for preventive services—and I think the mental health system in taking responsibility for treatment services.

Right now, you've got one system primarily taking responsibility for everything and having a very difficult time. And I think that through multidisciplinary approaches and blending in state and local child abuse councils such as national committee chapters and Parents Anonymous groups around the country, we can get, say, some communities to look at their problem in their area and solve them.

I think you have to fix responsibility at different levels for different parts of this problem. I think the federal responsibility has to be the data collection, training, manpower, research; stimulating, perhaps, innovative programs and other types of demonstration efforts, a lot of which is going on now.

State responsibility really ought to be there for the actual provision of the services. And developing the system that's going to serve those children and those families.

And you can then sort out within that system the various responsibilities. Right now, it's all the responsibility of Social Services and everyone else is a bystander. I think you've got to have the health system, the mental health system and the schools.

The Children's Place and our Kempe Center preschool have shown that if you provide therapeutic services to preschool children, you can save huge amounts of money down the line. Half the graduates of our preschool, who are destined for special education, don't get there. They don't make it to special education. They're in regular education.

That saves $10,000 per child per year out of the education system. Unfortunately, we have categorical approaches to all kinds of problems. And saving money for the Denver Public School's education budget doesn't help us fund programs for therapeutic reasons.

Mr. HASTERT. Well, can't a vocational teacher, or other people—they're fighting for the dollars too. I understand.

Dr. KRUGMAN. Sure.

Mr. HASTERT. Ms. Massinga, you've come from a state delivery system approach. And you talk about more federal dollars. Do you see that as a pass-through to the state?

Is that the best delivery system or how is the best way to spend federal dollars?

Ms. MASSINGA. To help us in dealing with the manpower issue, certainly. To help us in dealing with the question of research, not necessarily. I think that there may well be some consideration of spending federal dollars in states to do the research that has replication possibilities.

But to help us deal with some of our ongoing manpower development issues, the training issues as well as just attracting profes-

sionally trained staff, some federal enrichment of state resources would be welcome and sorely needed.

Mr. HASTERT. Do you have——

Ms. MASSINGA. No. The agency that I run is responsible for child welfare throughout the state, though it is locally delivered, at the county level. We provide more of a state administered system in that we have state staff who are deployed through each of the 24 subdivisions, and the state law, with regard to reporting and timeliness, governs the work of those staff.

Mr. HASTERT. You would agree with me, it's due to the fact that there are—every state——

Ms. MASSINGA. Oh, absolutely.

Mr. HASTERT. It's almost impossible to look at your uniform basis.

Ms. Raphael, now you've come to us from the aspect of a voluntary organization. And you talked about more dollars. How would you see those dollars be distributed? Where do they come from?

Ms. RAPHAEL. Certainly from the federal system being filtered down to the states would help. But any service system, those are not always targeted to where they can be made to be put to the best use, rather than something just used because it has to be used up.

Mr. HASTERT. In your state, do you put in RFPs, for instance, for programs.

Ms. RAPHAEL. Yes, we do, with the Social Services funds. Some fund our programs, and some that is funded by private contributions.

Mr. HASTERT. What have you done with private contributions? Do you take an opportunity to set the ties with people in the community and everybody out there in child abuse prevention in this way?

Ms. RAPHAEL. Yes, we do. The kind of thing that Ms. Atkinson has done as the state coordinator is that in researching the corporations and fund raising plants for grants, and so forth, and the United Way of Massachusetts, we were able to even reach out to our own members and we do an annual solicitation for funds.

And we get a very good response from it. They know that they are putting back into what they have been able to be serviced by. I honestly feel that resources need to be here. I've been getting it from my own small town, right from the city where I'm from.

Some of the cases that are "screened out", we encourage the parent to file the child abuse form themselves to get assistance because it's the only way they can get any kind of assistance.

I've gone with them for support, moral support. And the trauma they go through is like you are just hung immediately. No one gives that person an opportunity to be able to follow through.

The support systems that are given, people on PA are connected to many support systems. PA is not the only support they have and they come from different areas and different backgrounds.

So that if the resource was that a parent who was screened out, and I have mentioned this many times, if there were mechanisms that——

Mr. HASTERT. May we interrupt here? Screened out. What do you mean?

Ms. RAPHAEL. When our department——

Mr. HASTERT. If something was already——

Ms. RAPHAEL. If they say that the case doesn't have to be investigated because there wasn't enough evidence. Or it isn't serious enough. It's serious if somebody made the call perhaps even a parent made the call themselves. There is no support system for that parent to be able to say, "It's not a child abuse problem yet. But it could be six months to a year down the road."

I honestly feel that had I not joined PA I would have killed my son during these 17 years of his life. It had to be some support, some followup.

Mr. HASTERT. All right. So the locals, then, are the best way to get that support you feel?

Ms. RAPHAEL. Through the state and through federal giving us some of that support because the state says they don't have enough funds. So we need to turn to Federal. But there needs to be a better follow-through for service implementation.

You don't just drop a case because you don't think there's enough evidence.

Mr. HASTERT. Thank you, Mr. Chairman.

Chairman MILLER. Mr. Packard?

Mr. PACKARD. Thank you, Mr. Chairman. I'm sorry I couldn't be here for all the testimony.

There are obvious abuse and neglect cases of battered children, sexual abuse and a variety of others. There are also some areas that are very difficult to evaluate, I would imagine.

There must be some very broad gray areas between abuse and appropriate discipline. There must be some gray areas between neglect and simply a lack of love or care. I suspect a lack of concern and love for your children could be considered by some as the greatest form of abuse and neglect.

How do you determine which it is? How do you define an abused child or a neglected child? Are there definite criteria beyond which you do not go before they enter into the system?

And a followup question would be are we devoting our limited resources and our limited trained personnel in this gray area, at least an inordinate amount of our time and efforts there, or are we concentrating on the obvious abuse cases?

I'd be interested in your professional view as to whether we are spending our time in this gray area or is there really a gray area? Is there a good definition of what an abused child is?

Dr. GREEN. You think of it as a continuum. The ultimate abuse being the killing of children, DOA, and the ultimate neglect being the abandonment of a child. Then if you look at it sort of as a general distribution curve, the majority of children are going to fall within that acre where there are signs of bruising, perhaps weight loss, failure to thrive, and so on.

It's precisely this concern that you raised that concerns me in this discussion. When we talk about screening out individuals that have met criteria enough to be where there is suspicion.

Perhaps the child is not, or the family is not ready for child protective services. But there certainly would be a need for some kinds of intervention. It's not enough to say, "Well, it's screened out. This is an unfounded case," and then forget it.

I think that there are other parts of the community in which there can be services, necessary services, provided to follow that child to make sure that it doesn't progress. My organization, the National Committee, has resources. We use very little federal funds.

Most of our funds are from private sources. We do have—and I was interested to hear what was being pointed out awhile ago—the entire community in our organization mobilized from corporate executives, volunteers, as well as professionals, involved in fund raising.

And we do, and we are able, to have programs that are viable to this concern. I won't give you the definition, it's a legal definition, of child abuse that relates to physical, mental, emotional. Perhaps you've seen our newest effort in making people aware that there is such a thing as the emotional abuse of children, verbal abuse where children are constantly told that they're no good, "I wish I never had you."

In fact, this is the kind of PSAs that we're doing right now to sensitize people to this.

There is no one management scheme, there is no one definition because the cases are so different as far as positives that we must constantly individualize our treatment as well as our diagnosis and our identification. It varies too much to say, "This is it."

But when a parent is unable or unwilling to provide the necessary care and nurture for their child, whether it's physical or emotional or sexual, to me, that's abuse.

Mr. PACKARD. It would appear to me that one area that very well could be neglected in this whole process is the preventative educational process to parents and families.

I may not be alone, but my parents, very well under today's standard, could have been in some circumstances that would have been considered abusive of their children. As a parent, probably, there are periods of times in our lives where it could be interpreted as abusive.

Again, even showing the lack of concern or love, or even the lack of discipline. Parents, in my judgment, that show no interest in disciplining their children may be abusive parents.

Are there any processes or educational processes that are geared, from your point of view, to parents before the problem rather than as a consequence or as a treating process of the problem?

Dr. GREEN. Sir, we will make certain that the Committee—I wouldn't take time to give you all of the programs that are part of the National Committee for the Prevention of Child Abuse.

Mr. PACKARD. Forgive my ignorance.

Dr. GREEN. Yes. But education of—parenting education as well as increasing public awareness, I will make certain that the Committee receives the full——

Chairman MILLER. Let me take a moment, because I think it's worth elaborating on it.

In our responses from the states, the different states have indicated in some cases that they are working at family preservation programs. And, Jeanne, you're involved in one.

Maybe you would take a moment to expand on where we have successfully found some intervention working, whether it's early on

in parenting education, as we see now with the number of programs that Chicago and other areas have for teenage parents, or intervention after the abuse has taken place, the chances of reunification, and those kinds of programs.

We don't need the whole catalog, but one thing the Committee has tried to highlight, as some of you know, is those programs that we think are successful and where we have started to see a positive return on our investment.

Some of that was highlighted in the Committee report today, but just touched upon by the states. Maybe, Jeanne, you can.

Ms. RAPHAEL. Early intervention is very important. And some of the conflicts that we see from children is that we're getting into earlier and earlier ages of school assistance for the kids who are in junior high school who are already becoming parents.

And those are the kids that we talk about the pressures of parenting, the expectations of parents. We give them literature and connect them with some of the PA group within their area so that they can talk about their fear of abusing their children.

Many of them call the hotline in Massachusetts. And we've spoken to kids who were baby sitting, teenagers who were baby sitting and are afraid of the anger they feel towards the child they are baby sitting.

What to do about their anger? Some of the states have developed through Parents Anonymous chapters leaflets which are distributed in grocery stores and it talks about the stresses of parenting when your child is in a grocery store.

There are ways to connect. Pick up the phone or just little ways of doing things that would take the pressure off of everyday guilt when you've struggling with your children.

At the preschool level, much of the education is given with parents, themselves. PSAs cost money. The Federal Government needs to assist the states because PSAs have been proven to be very effective. We've made several—made in Massachusetts with some private help.

People relate to that number and say, "Hey. I've got a problem with this child and I'll call." Earlier and earlier intervention needs to be given to families because they will become the parents who could become abusive.

And that costs dollars to start at the ground level. And daycare centers need or want more education. I worked in daycare for a few years and I saw those were the prime target children. And I wish that our department could have addressed those issues.

But again, they say it's lack of money. They can't pay your social workers overtime, or they can't pay their trained staff to come in to teach our parents how to deal with parenting, how to deal with the stresses.

A lot of the homeless women that we speak to now on the hotline are feeling that same pressure. Where did they get their information from? From the shelter, from the church halls that they may go to, even the supermarket bulletin boards has some information for them.

That kind of dissemination of information costs money.

Ms. SOULIS. The type of prevention that I can speak to is that of tertiary prevention—intervention after abuse has been substantiat-

ed. Most of the families that we work with have been in the system. Most of our moms were abused as kids.

Their families are being served by a number of systems at the time that we work with them. Our best bet is to see if we can intervene for the child, and in that way, prevent them from being served by so many systems in the future.

We feel that the earliest that we can intervene in the preschool years is by far the most cost effective down the line. I think that's why I'm so supportive to the notion of research.

Professionals in this field are not totally knowledgeable about what outcomes we should be measuring, the outcomes we want to achieve for these kids. What really does the trick? What should we be looking for in identifying which treatment works the best?

We've learned a lot. We've learned a lot about developmental delays. We've learned a lot about a lot of things. But we still need to determine what outcomes are desireable and how to measure them and then impact our Social Service delivery system so it can identify and provide the treatment that achieves the outcomes.

We at the children's place are certainly seeing less and less of those high risk kids that you all talk about. A high risk child is not being served because resources are going into serving the very needy cases.

It used to be that we served some high risk kids mixed in with our——

Chairman MILLER. When you say "high risk," which ones?

Ms. SOULIS. Well, those were——

Chairman MILLER. Potential abuse?

Ms. SOULIS. Yes. Those that were identified as potential problems, history of problems in the family, sibling problems, or whatever. That's a luxury we're not seeing right now. We're not able to work with those families because we're working with the most needy ones. And I think that's too bad.

Chairman MILLER. Well, I think you reflect the reports that early prevention, that Congressman Hastert is talking about, is very often sacrificed to the notion that you're going to take care of the broken and the bloody because that's about all the room you have in the system.

This goes to some of the points that have been raised about reporting and the need for adequate screening: that you're so overwhelmed with what is an obvious black and blue, physically abused child in front of you, that if you can figure out protection and, I guess, in some cases placement, that's about all you can do.

We won't get into how we're going to trade private abuse for state abuse, because we're going to do that separately.

So I think that's one of the things that we see. But the interesting thing was, at the Kempe Center, where you travel with high risk families, you stayed with families who had very high potential by all of the indices of abuse.

You had some rather remarkable results there, didn't you, in terms of the incidents of abuse that took place by having people stay with those families and guide them over the various stress points that come up in family life?

Dr. KRUGMAN. That's correct, Mr. Miller. And it's possibly the best preventative effort we can make to prevent physical abuse. It won't prevent sexual abuse, I don't think. That's a separate subject.

But a study down at the Kempe Center 15 years ago shows that you can identify, at the time of delivery, who is at risk for potential abuse and neglect. And by hooking that family up with a support person—a layperson, not a professional, not a social worker, not a nurse, a support person—you could prevent severe physical abuse of children, period.

That's been extended. Other people have done that. And the most recent study and the best under a controlled fashion was by Dave Olds in Rochester, who looked at using Public Health nurses to support teenage mothers who are at great risk.

And by having that Public Health nurse be a home visitor, he showed that you could not only reduce the levels of abuse, but you could reduce inappropriate utilization of emergency rooms, improve parenting skills, and improve their self esteem across the board.

We've known that for 15 years. But you don't see a home visitor——

Chairman MILLER. On that point, we get back, not 15 years, but some time since I vented myself against some of the research programs that we've conducted.

Let me ask you where we are in terms of replication of those kinds of models that, in fact, we see at that rather low intensity. Because regular assistance is able to give us the offset against engaging a high intensive, very expensive long term obligation once the incidence of abuse becomes regular or clearer.

That's just not happening, is it? We're not talking about a state or national policy, are we? We're talking about what we used to call pilot programs.

Dr. KRUGMAN. Well, without appearing to be uncharitable to my host today, I have somewhat given up on the ability of our state, local and Federal Government to do longitudinal studies for a long term contract.

I think that's got to be done at the local level. And we're trying an interesting experiment in Denver, where we've given up trying to identify high risk people and provide support to them because we think it's too threatening.

Nobody wants to know that their neighbor is high risk. And so we've taken advantage of our present health care competitive system, and we've been trying to stimulate the middle and upper class hospitals in Denver to develop home visitor programs as part of their parent education programs.

It has been a year-and-a-half since we started that and we've had dramatic success. We started in one hospital and immediately three others complained that we didn't choose them. It's called the Community Caring Project. It has nothing to do with abuse prevention. It just supports the first mothers.

And it has caught on now at four hospitals and there are three others that are complaining that they have been left out. And as our hospitals continue to advertise to try to get more and more people to come to them, we think that the concept of support to

new families will become embedded in our middle-and upper-class system.

Chairman MILLER. I had a hunch you were headed to that point. Is that accurate? Do you think this has a possibility?

Dr. KRUGMAN. Well, we'll find out in two years whether or not—by then, it will be so engrained in our system in Denver that we can even get our City Council to support it in Denver General and—the University Hospital where most of the risk cases come.

But I don't think that our society at the moment is as charitable toward those who are less fortunate as it was perhaps 10 or 20 years ago.

Mr. PACKARD. It's interesting that you know who the potential child abusers are, at least in child abuse not, again, sexual abuse. We know who those potential abusers are.

We know that there's a high incidence among teenage mothers, single-parent families. It seems to me that a lot of those people are the same people who use the WHIFF Program, and those types of program.

Do you see that there's some kind of support that could be delivered with those types of programs?

Dr. GREEN. Let me say this. The ability to abuse is within us all, not simply just those people that use the WHIFF Program other kinds. As a matter of fact, if we just looked back a little bit to history, one of the first things that are child abusers—maternal and infant care. Programs that were funded in the '60s, in 1965 and '66, one of the first things, when the budget was cutback, we had to give up our patient advocates, our outreach people, our visitors who would go into the neighborhood to provide the same kind of service to the people.

But the fact of the matter is, when we had to cutback our funds, those were the first that had to go. Outreach people are always seen as expendable. We have to get back to having it.

Mr. PACKARD. Let me interrupt here then for a second. You put forward a case that this would be cost effective because, once a child is damaged or abused, you had a long trail back.

Do you provide dollars and cents and show that, you know, this type of prenatal care—do we want to look at that, and abuse and outreach? Let's see some numbers.

Dr. GREEN. I can tell you some numbers that were between 3 million children that are reported that are costing us almost 3 billion dollars a year.

Mr. PACKARD. I would like to see that. Will the gentleman yield for just a moment on that?

Yes. I'll go back to a question I had on that. Isn't that use of our funds to extend outreach so that every new mother is seen by some social worker (or somebody) in our system? Is it a better use of our limited funds and personnel to take care—better care—of the obvious cases that do not fall within this gray area?

Dr. GREEN. Congressman Packard, it is not just the responsibility of the public sector to care for the less affluent. The private sector has a role, and there's nothing wrong with a private practitioner who is caring for people to go in to see the child in the hospital. For those of us who practiced 20 years ago, that was part and parcel of our responsibility.

We don't have to wait for some visitor or someone to go in. It is not just the agencies that have to do it, it's a responsibility of us all. And I think there is a role for the private sector to do this.

Mr. BESHAROV. I think, though, that what we've just seen is one of the reasons why we have not widely replicated some of the things that Henry saw so many years ago.

We just shifted from abuse to really neglect, poverty-related neglect, amply demonstrated and documented in the Committee's report. There really are at least three, maybe five, subpopulations that we serve under the rubric of child abuse and neglect.

Some of those populations are subject to easier interventions than others. Some of the populations are smaller. The population of people who physically abuse their children in a serious way is relatively small compared to that 1.9 million figure that we keep tossing around.

For this group, we could build the kind of hospital interventions that are needed. What happens, though, is the conversation shifts. And what we ought to be doing is picking up on what the report proves and realize that a very substantial portion of that caseload comprises the leftovers of the '60s poverty programs.

And we ought to be dealing with those people through in our efforts to increase their economic self-sufficiency. We left a caseload of children inadequately cared for—no one denies that—at the same time that we were building child protective programs.

And I think, if you will look at the growth of reporting, and your report describes the shifting definitions, we have taken the AFDC caseload of the '60s and early '70s, in terms of children's services, and moved them into CPS.

I think that those are the children in large measure, not the majority—I don't want to get carried away here—those are the children that are creating the increases, the massive increases in reporting.

Chairman MILLER. How do you justify that when you put that alongside an area like I represent: a high-income suburban county where the reports are going right off the charts too. And they now are coming from low income cities.

In my district, they're coming from wonderful four-bedroom, five-bathrooms—I don't know how to count—[laughter.] we have seven bathrooms. [Laughter.]

I guess right now it's Saturday night for everyone.

I appreciate that we may be moving case management around here. But if I understand anything, however, all we're trying to do at this point in social services across the board is plug somebody into some category where it will fit and services will follow, whether it's mental health or protective services, or dependent children, whatever way you define it.

But the fact is, as I read the numbers, it's not just in low income or minority communities, or, as you said, the poverty program of the '60s. In fact, the increased incidents of family violence overall, whether it's spousal abuse or sexual abuse or physical abuse of children, are growing in the suburbs also.

Mr. BESHAROV. I'm sorry you got that impression. I didn't mean to say, look, that's where the increase is. You really don't have someone here whose criticizing the notion that the number of re-

ports is up and that those numbers reflect serious problems in this country.

It is truly important to recognize that when we talk about aggressive responses to sexual abuse, and then we put that rhetoric on an agency, 60, 70, 80 percent of whose caseload is child neglect—massive proportions being people under the poverty line, you are going to get a deployment that encourages the removal of children all across the caseload.

And I do believe that that is part of what we're saying. And it comes from mixing the concepts of sexual abuse, physical abuse, and what I like to call povery-related child neglect.

Those are real problems. There's a government obligation including a Federal Government obligation. But it just calls for a more disaggregated response.

Chairman MILLER. And not to put words in my—one of the notions that Congressman Packard was trying to explore was, if you start to back up into this cycle, at what point can you engage a set of services that may be relatively low intensity to start to prevent, whether it's the actual physical abuse of the child or it's simply unhealthy parenting.

Because you can get the range from one to the other. No one has suggested yet that neglect is good for a child. So how do you engage a parent in that educational process?

So you start to fan out in terms of the number of areas where you can engage prevention. Where if you don't—and I think to some extent you're right, if you look at why children are removed from homes and you look at that system that you engage, the question is, "How could you have prevented that removal?"

Even if it was for simply poverty-related neglect, where do we go back and find a place where you can start to be cost effective in terms of the intervention?

Mr. BESHAROV. And my suggestion is as you go back, you may go back in different places for different problems. That hospital program is a terrific program. But it gets overwhelmed by the numbers. And when you go and say we want to do this across the whole caseload, which has different meanings, I think you even lose the proponents of those programs.

Ray Helpher once said, you know, there's no such thing as cancer. There are 186 forms of cancer, and we need a special treatment for each one. We have not gotten to that point in this public debate about child maltreatment. I don't mean in here, but I mean in general.

Ms. RAPHAEL. Mr. Chairman, may I?

Chairman MILLER. Yes.

Ms. RAPHAEL. One of the things you pointed out that is quite true is that there is great stigma around a child abuse, if a family is very prominent—I can remember one time speaking in a community and I got a phone call after it from an attorneys' wife who was very prominent in the community and very well-to-do.

And she felt, after what I had said about emotionally and not being there for the children and she needed some help. And I spent a year talking to her over the phone whenever she felt that she was going to lash out at her children because she could not risk

coming even to a self-help peer support group because the stigma was there.

That wasn't child abuse at that time, even though it related to it. But at that time, she was under stress and she didn't want to get to be the severe child abuser that she could have.

And, unfortunately, her husband caught her on the phone one day and that was the end of the phone calls.

Dr. KRUGMAN. I think that the stigma issue is real important. And I think how we, as a society, grapple with abuse and how we are grappling with it has an impact as to whether or not there will be support for programs.

If you looked at national polls that have been done, the early poll indicated that most people think we're not doing enough. These are the same people who report. Fifty percent of all the reports come from the people out there. They're not coming from the professionals.

And yet, at the same time, we had this dichotomy between the punitive approach, we've got to lock them up, and the whole sexual abuse explosion has really contributed to that, and those who want to approach it therapeutically.

But I think until we, as a society, sort out each of these areas and decide which ones can we do something about and which ones are criminal, and do we need to do something about that, we're not going to make much progress.

And unfortunately, our officials insist on that in the country and it's becoming more and more legalized and more and more criminalized to the point where people are beginning say if you walk in and there's been a report, that somebody ought to be reading somebody else their rights.

And that's the antithesis of, I think, what we've learned over 25 years. What has to be done is to try to stop this cycle and keep things going.

I'm sure we'll get there.

Chairman MILLER. Thank you very much for your time and your testimony before the Committee.

[Whereupon, at 12:00 noon, the subcommittee was adjourned.]

[Material submitted for inclusion in the record follows:]

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March 11, 1987

MAR 20 1987

The Honorable George Miller,
Chairman
Select Committee on Children,
Youth and Families
385 House Office Building Annex 2
Washington, D. C. 70515

Dear Mr. Miller:

Thank you for the opportunity to testify at the child abuse hearing before the Select Committee on Children, Youth and Families. I felt particularly proud to represent some of the many devoted staff who do "hands on" day-to-day work with the children and families served in our system.

As I think about the discussion at the hearing, I remain concerned about the focus on the number of unsubstantiated reports--the apparent problem being the amount of resources spent on investigating these cases. I feel we need to look beyond the "number" and focus on the outcome we really desire--that of improving our ability to identify and document indicators of risk. Beyond that goal, we must improve our ability to identify and document the level of need and provide the level of services required. It has been my experience that when we focus on the number instead of outcome we desire, the focus becomes translated at a local level into an objective of reducing only the number, with less regard for the consequences.

There is great concern in our county, for example, about the number of children in foster care. In response to pressure to reduce the number, there are less children in foster care. However, there are more and more children at risk in their own home being placed with relatives. In some cases that placement is appropriate, but we are observing an alarming number of relative placements without adequate measurement of risk or adequate services to ensure safety. As a result, the child continues to be a victim of abuse/neglect. The number of foster care placements may have been reduced, but

the child's best interest was not maintained. Instead of just reducing the number of children in foster care, we must sharpen our skills at measuring appropriate placements and provide services that support and maintain suitable environments.

I am concerned about a focus on the number of unsubstantiated cases being reported. We surely do not want reporting to be discouraged. We probably do not want many cases screened over the telephone, even by a capable screener. What we do want is to maximize our ability to investigate and screen cases using better measurements and documentation. In many instances at our agency, when we have called a hotline for one of our children, the report was not initially substantiated. Later, however, the report was found to be valid. The subsequent investigation proved that the hotline was justified.

Another observation we have made is that, over the years, policy changes have occurred that have "narrowed" the criteria for substantiation. Many cases formerly opened as "high risk" are no longer opened. I submit that this is due to a reduction in resources and services available and to a desire to reduce caseloads. No longer are we serving "non-crisis" cases where early intervention might prevent further involvement. Now a case must turn into a crisis to be "substantiated" and to be eligible for services.

It must take courage--and it certainly requires resources--for states to incorporate innovative measures to identify and screen cases and to document the true level of need. It may be easier to simply respond to the pressure to reduce numbers, or to recognize only cases where there is a remote chance of receiving services. We will succeed in our efforts to break the cycle of maltreatment only when we identify the outcome we desire, measure "outcome" over "numbers", document the level of need, and respond with proven methods of treatment.

I certainly hope that concern about the number of unsubstantiated cases does not divert attention from the <u>real</u> needs of our system and the <u>real</u> victims it is designed to serve.

Sincerely,

Jeanne Soulis

Jeanne Soulis
Research Coordinator

JS:ef

Prepared Statement of James C. Anderson, M.D., Richmond, Virginia

As a full time Emergency Room Physician, I am very grieved by the cases of child abuse that I see. There is no good within these situations- the children, the parents all suffer physicially and emotionally. Lawmakers cannot legislate love and communication within the family that would be the ultimate cure to child abuse but lawmakers can recognize trends that contribute to child abuse and try to stop them. There are many pressures that can manifest or contribute to child abuse - such as economic and career pressures, marrital discord, jealousy and poor self-esteem. The one trend that I'd like to address in this short statement concerns the last 15 years with the legalization of abortion.

To prevent child abuse and infanticide, social and medical scientists have advocated abortion on demand, yet there is no evidence that legalized abortion has reduced the rate of child abuse. Recent evidence may indicate the opposite: that legalized abortion has only worsened the incidence of child abuse.(1) Statistics show that child abuse rises dramatically in countries adopting permissive abortion laws. In the short U.S. experience it has nearly tripled, in Great Britain it has increased tenfold.(2)

Although abortion on demand was available in the U.S. after 1972, there has been an increase in child battering; for example, the N.Y. central registery reported 22,683 battered children in 1974 and 26,536 in 1975.(3)

Death to Canadian children from social causes rapidly increased after early abortion became available on demand in 1968. British Columbia and Ontario with the highest rates of abortion are also the provinces with the highest rates of child abuse. Newfoundland, Prince Edward Island and New Brunswick with low rates of abortion have low rates of abuse. The rate of increase in child abuse parallels the rate of increase in abortion.(4)

Aborting the unborn child is not much different than abusing or destroying the child after birth. The unborn child has its own heartbeat at 25 days after conception, its own brain waves at 45 days - both irrefutable signs of life that we use medically in determining life. The individuality of the child is attested to by the fact it has its own unique finger prints by 16 weeks. Considering the fact that only 3% of the 1.5 million aborted children in 1985 were because of medical, incest or rape causes, the rest were done because the unborn child's life would somehow interfere or place too much stress on its parents. If for the first nine months after conception we as a society believe the unborn child's needs are secondary to our needs and desires, then why should this change at birth? The legalized abortion of the unborn infant diminishes the value of all children.(5) When the destruction of the unborn is socially sanctioned and even applauded, then children cannot have much value. If society adheres to an ethic that the unborn only has value when it is wanted that ethic may be applied to small children. Logically, if the unborn child has no value and it is permissible to kill it , it is defensible to kill children who have lost value because they are not wanted. This trend of losing respect for the individual, of regarding our own needs and desires of paramount importance is reinforced with legalized abortion and continues into the parenting of children.

The guilt that stems from having an abortion limits the development of an effective love relationship with future children. This guilt contributes to frustration and child abuse.(6) Abortions also contribute to lowered self-esteem, which contributes to child abuse.(7)

We as a society could do immeasureable good to future generations by regarding the unborn child at the moment of conception as something precious, individual, worthwhile, and needing to be loved, for which we are responsible, whose needs are paramount and deserving the greatest protection we can afford it. Developing this attitude toward the unborn, we help promote and develop this attitude toward the born.

1. Philip Ney. M.D., Can. J. Psychiatry Vol. 24 (1979), "Relationship Between Abortion and Child Abuse".

2. The National Study on Child Neglect and Abuse Reporting, The American Humane Association, 1981; 1977 Analysis of Child Abuse and Neglect Research, U.S. Dept. of H.E.W., 1978.

3. Fontana, V.J., Bersharov, D.J.: The Maltreated Child. Springfield: Charles C. Thomas, 1977.

4. Ibid. 1.

5. Ibid. 1.

6. Galdston, R.: "Proceedings of Conference on Patterns of Parental Behaviour Leading to Physical Abuse of Children," University of Colorado School of Medicine, Unpublished, 1966.

7. Hutcherson, J.R.: "The Self-Concept of Women at the Time of Elective Abortion", Diss Abstr Int, 33: (11-b), 5493, May 1973.

PREPARED STATEMENT OF HON. THOMAS J. BLILEY, JR., A REPRESENTATIVE IN CONGRESS FROM THE STATE OF VIRGINIA

Thank you, Mr. Chairman.

I'm happy to be here today to continue this committee's look at child abuse and the difference some individuals and groups have made in the lives of those affected by this tragedy. I look forward to hearing the testimony of the experts before us.

I'm particularly happy to see that a representative of Parents Anonymous will be testifying today. From testimony this Committee received in 1984, as well as my own experience with this group in Virginia, I know that Parents Anonymous is remarkably successful in giving the needed release for the pressure and emotional upset that can lead to child abuse.

Moreover, it deals with child abuse after-the-fact in a preventive way. We know that many persons who were abused as children become abusive parents. The mutually supportive network of individuals in Parents Anonymous, and the examples of self-control found there, provide the encouragement and hope parents need to overcome their anger.

Human nature is remarkably complex. Nevetheless, we can still manage to see similarities in behavior. I think this is one of the reasons for the success of these self-help groups. Though individual parents (or brothers, or step-relations) may see the horror of their own individual actions, they also see that they are not alone in the types and severity of abuses. And, more importantly, they see that they can stop.

Again, Mr. Chairman, I am glad we have this opportunity to look at successful responses to child abuse and look forward to hearing these witnesses.

72-643 (112)